

# ADVANCE DIRECTIVE FOR HEALTHCARE

## (Living Will and Healthcare Proxy)

This form may be used in the State of Alabama to make your wishes known about what medical treatment and other care you **would** or **would not** want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

### SECTION 1. LIVING WILL

I, [Patient->First Name] [Patient->Middle Name] [Patient->Last Name], being of sound mind and at least 19 years of age, would like to make the following wishes known. I direct that my family, my doctors, and healthcare workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.

I understand that these directions will only be used if I am not able to speak for myself.

#### **IF I BECOME TERMINALLY ILL OR INJURED:**

**Terminally ill or injured** is when my doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition.

**Life-sustaining treatment** – Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life-sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

I want to have life-sustaining treatment if I am terminally ill or injured.

Place your initials by either “yes” or “no”

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Artificially provided food and hydration** (Food and water through a tube or an IV) - I understand that if I am terminally ill or injured, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

I want to have food and water provided through a tube or an IV if I am terminally ill or injured.

Place your initials by either “yes” or “no”

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**IF I BECOME PERMANENTLY UNCONSCIOUS:**

**Permanently unconsciousness** is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

**Life-sustaining treatment** – Life sustaining treatment including drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life-sustaining treatment, I will still get medications and treatments that ease my pain and keep me comfortable.

I want to have life-sustaining treatment if I am permanently unconscious.

Place your initials by either “yes” or “no” \_\_\_\_\_ Yes  
\_\_\_\_\_ No

**Artificially provided food and hydration** (Food and water through a tube or an IV) - I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

I want to have food and water provided through a tube or an IV if I am permanently unconscious.

Place your initials by either “yes” or “no” \_\_\_\_\_ Yes  
\_\_\_\_\_ No

**OTHER DIRECTIONS:** Please list any other things you want **done** or **not done**.

In addition to the directions I have listed on this form, I also want the following:

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*If you do not have any other directions, place your initials here:*

No, I do not have any other directions.

**SECTION 2. IF I NEED SOMEONE TO SPEAK FOR ME**

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a healthcare proxy. You do not have to name a healthcare proxy. The directions in this form will be followed even if you do not name a healthcare proxy.

*Place your initials by only one answer:*

\_\_\_\_\_ I **do not** want to name a healthcare proxy. *(If you check this answer, go to Section 3)*

\_\_\_\_\_ I **do** want the person listed below to be my healthcare proxy. I have talked with this person about my wishes.

**First choice for proxy:** \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Nighttime phone number: \_\_\_\_\_

**Second choice for proxy:** \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Nighttime phone number: \_\_\_\_\_

**Instructions for Proxy:**

I want my healthcare proxy to make decisions about whether to give me food and water through a tube or an IV.

*Place your initials by either "yes" or "no"*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*Place your initials by ONLY ONE of the following:*

\_\_\_\_\_ I want my healthcare proxy to follow **only** the directions as listed on this form.

\_\_\_\_\_ I want my healthcare proxy to follow my directions as listed on this form **and** to make any decisions about things I have not covered in the form.

\_\_\_\_\_ I want my healthcare proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.

**SECTION 3. THE THINGS LISTED ON THIS FORM ARE WHAT I WANT**

I understand the following:

- If my doctor or hospital does not want to follow the directions I have listed, then must see that I get to a doctor or hospital who will follow my directions.
- If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.
- If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my doctor talk about the good and bad points of doing this, along with my wishes, with my healthcare proxy, if I have one, and with the following people:

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**SECTION 4. MY SIGNATURE**

Your name: \_\_\_\_\_

This month, day, and year of your birth: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date signed: \_\_\_\_\_