

ADVANCE CARE DIRECTIVE (LIVING WILL)

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. Print Name: _____ Birth Date: _____

Address: _____ Social Security #: _____

2. I, _____, being of sound mind, make this statement as instructions to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm decision to **decline** medical treatment under the following circumstances indicated below.

3. If I have an **incurable or irreversible** condition that renders me incapable of making decisions on my own and there is no reasonable expectation that I will recover, then I direct my attending physician to withhold or withdraw treatment that only prolongs my dying.

These instructions only apply if: (Check those statements you agree with:)

I am in a terminal condition

I am minimally conscious with irreversible brain damage

I have Alzheimer's or another form of dementia

I am permanently unconscious

Other _____

I instruct that my treatment be limited to measures to keep me comfortable and to relieve pain.

While I understand that I am not legally required to be specific about future treatments, if I am in the conditions) described above I have strong beliefs about the following forms of treatment: (Check those statements that you agree with:)

I do not want cardiopulmonary resuscitation (CPR).

I do not want mechanical ventilation (respirator).

I do not want artificial nutrition and hydration (intravenous fluids or feeding tube).

I do not want medical treatment (antibiotics/other medications) unless they are necessary for my comfort.

I do not want hospitalization.

4. Other directions/instructions that you wish to add (for additional space, use the bottom or back of this form):

5. These express my legal right to refuse treatment, under the law in New York. I intend my instructions to be carried out unless I have changed them in writing or by clearly indicating that I have changed my mind.

Signed: _____ Today's Date: _____

(Sign and Date this document)

6. **Witness (must be two (2) adults). I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.**

Witness #1

Your signature: _____ Print Name: _____ Today's Date: _____

Witness #2

Your signature: _____ Print Name: _____ Today's Date: _____