

Living Will Declaration

The Following Are my Preferences for Healthcare if I cannot make my own Decisions

Last Name _____ First Name _____ Initial _____

Living Will Declaration

- A. I want all possible care provided, regardless of my condition _____ PT Initials (A)
- B. If I suffer from a condition caused by injury or illness from which there is no reasonable probability of recovery, and without treatment can be expected to cause death, the following are my wishes regarding prolongation of my life: _____ PT Initials (B)
1. I want CPR (Cardiac / Pulmonary Resuscitation). Yes No
(Which will include Intubation & Mechanical Respiration)
 2. I want a ventilator or other form of Mechanical Respiration that could provide extended artificial breathing. Yes No
 3. I want fluids to be given by tube if necessary. Yes No
(Artificial Hydration may be given through a nose or stomach tube.
IV Therapy provides Hydration through a tube in the vein.)
 4. I want tube feeding or any other artificial form of feeding. Yes No
(Artificial Nutrition may be given through a nose or stomach tube.)
- C. I want no medical treatments other than those necessary to maintain my comfort.. _____ PT Initials (C)

Comments _____

Acknowledgements

Signature _____ Print Name _____ Date _____

Witness _____ Print Name _____ Date _____

Witness _____ Print Name _____ Date _____