



JOHNSON LAW GROUP INTERNATIONAL *PLLC*

ADVANCE HEALTH CARE DIRECTIVE INFORMATION FORM

Advance Health Care Directives, or “living wills,” enable a trusted person (called an “agent”) to make health-care decisions for you in the event of incapacity. Please fill in the fields below for preparing a personalized directive. Depending on your software, you may or may not see the field entry boxes, but they are present. Simply press the ‘Tab’ button to move from field to field.

Information about You:

Name:

SSN:

Address:

Phone Number:

Email Address:

Information about Your Agent:

Name:

Address:

Phone Number:

Relationship:

Information about an Alternate Agent (optional):

Name:

Address:

Phone Number:

Relationship:

Health Care Instructions:

1. If your death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of your recovery, do you wish to have your life extended by life-sustaining procedures, including administration of nutrition and hydration artificially? Yes No
2. If you are in a persistent vegetative state, that is, if you are not conscious and are not aware of your environment or able to interact with others, and there is no reasonable expectation of your

recovery, do you wish to have your life extended by life-sustaining procedures, including administration of nutrition and hydration artificially? Yes No

3. If you have an end-stage condition, that is a condition caused by injury, disease, or illness, as a result of which you have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective, do you wish that your life be extended by life-sustaining procedures, including administration of nutrition and hydration artificially? Yes No

4. If you are pregnant, do you wish to alter the terms of your directive if the administration of life-sustaining procedures could reasonably result in the fetus developing to the point of live birth?
Yes No N/A

5. Upon your death, do you wish to donate any needed organs, tissues, or eyes for any purpose authorized by law? Yes No

Once you have completed this form, save it to your hard drive and email it as an attachment to law@jlgi.com. One of our attorneys will prepare a draft directive for your review and provide instructions for making it legal. If you wish, you may set up an office consultation by calling (202) 544-1515. All such consultations are without charge.