

LIVING WILL QUESTIONNAIRE

NAME: _____

ADDRESS: _____

In this Will you instruct your agent to deliver to the physician this Will which represents your predetermined decision for termination of artificial life support once the physician determines that there is a medical classification of brain dead.

I. Name, relationship, address, email and telephone number of person who is your agent.

II. If the person named in I. is unavailable to act as your agent then the name, relationship, address, email and telephone number of a backup agent.

III. Name, address and phone # of two people you will provide a copy of this living will to.

On the advanced directive you will be asked to choose one of the following options:

_____ My health care representative is authorized to direct that artificially provided fluids and nutrition, such as by feeding tube or intravenous infusion, be withheld or withdrawn, **when the application of such procedures would serve only to prolong artificially the process of dying.**

_____ My health care representative does not have this authority, and I direct that artificially provided fluids and nutrition be provided to preserve my life, to the extent medically appropriate.

_____ *Specifically*, if at any time I become permanently unconscious, develop a terminal illness, or experience extreme mental deterioration, and in the opinion of my attending physician and one other consulting physician who has examined me have determined that there is no reasonable expectation of recovery or chance of regaining a meaningful quality of life, I direct that life sustaining procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or performance of any medical procedure deemed necessary to alleviate pain or provide me with comfort care.