



HEALTH CARE DIRECTIVES

Name: _____

Date of Birth: _____

Medicare #: _____

Current state of health:

I am healthy

I have an illness. Specify: _____

Take the time to reflect before completing this form. In each of the boxes write:

- “Yes” for treatments that you wish to receive;
- “No” for treatments that you do not wish to receive.

Rest assured that, whatever decisions you make, you will always receive comfort care (to ease pain and discomfort or provide psychological and spiritual support).

	Illness Mentioned Above	Terminal Illness	Cognitive Impairment (dementia, Alzheimer's, Stroke, etc.)			Permanent Coma
			Mild	Moderate	Severe	
Intravenous (IV) Hydration						
Artificial Feeding						
Dialysis						
Cardiopulmonary Resuscitation (CPR)						
Artificial Respirator						
Blood Transfusion						
Live Saving Surgery						
Live Saving Antibiotics						
Other						



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Name: _____
Date of Birth: _____
Medicare #: _____

Additional directives:

Signature of patient or third party¹: _____ Date: _____

Signature of first witness²: _____ Date: _____

Signature of second witness²: _____ Date: _____

1. Third parties:

- Cannot be the attorney for personal care or the spouse, common-law partner or child of the attorney for personal care;
- Must be at least 19 years old.

2. Witnesses:

- Must be present when the patient or third party signs and dates the directives;
- Cannot be the attorney for personal care or the spouse, common law partner or child of the attorney for personal care;
- Must be at least 19 years old.

Give the hospital's Health Records Department a copy of this document and keep the original.

Also give copies to your doctor and family.

Think about and revise your health care directives at least once a year.

If you change them, replace all outdated copies with the new version. Your health care directives remain valid until they are revised.

DEFINITIONS

Health problems

Terminal illness: Incurable illness involving a life expectancy under six months.

Cognitive impairment: Gradual and irreversible loss of mental functions. The illness may progress over the course of months or years.

- Mild impairment: The person can do most of their daily activities without help.
- Moderate impairment: The person can live in their home but needs a few hours of help per day.
- Severe impairment: The person cannot do their daily activities and needs help day and night.

Permanent coma: The person is unconscious and will always remain so.

TREATMENT CHOICES

Intravenous (IV) hydration: A small tube is inserted into the arm to hydrate the person with an intravenous.

Artificial feeding: A tube is inserted into the stomach through the nose or mouth or through a small hole in the abdomen to nourish the person.

Dialysis (artificial kidney): Treatment given when the kidneys no longer work. The person is hooked up to a machine for several hours at a time, several times a week, by a tube that enters the abdomen or a vein.

Cardiopulmonary resuscitation (CPR): Technique used to restart a heart that has stopped beating. The person may then need to be kept alive artificially with machines, without being able to speak, and may have to receive medications keeping them “asleep” while they are hooked up.

Artificial respirator (breathing machine): Machine used when a person can no longer breathe on their own.

Blood transfusion: Blood introduced into a vein through a needle or small tube.

Life saving surgery: Surgery to prevent death, without which the person would only survive a few hours or days.

Life saving antibiotics: Medications used to treat infections that may be fatal (pneumonia, meningitis, etc.). These medications are sometimes given through a small tube inserted into a vein.