



**A FINANCIAL LEGAL SERVICES CORPORATION**

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## **HEALTHCARE DIRECTIVE QUESTIONNAIRE**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male  Female

If I am diagnosed as being close to death with a terminal condition and can no longer direct my own medical care:

- I do not want my life-prolonging procedures.
- I want all possible life-prolonging procedures.
- I want some life-prolonging procedures, but not others.
- Let me decide after we discuss this issue

If I am diagnosed as having a terminal condition and can no longer direct my own medical care. I want only the life-prolonging procedures that I check below to be administered:

- Blood and blood products
- Cardiopulmonary Resuscitation (CPR)
- Diagnostic Tests
- Dialysis
- Drugs
- Respirator
- Surgery
- Let me decide after I contact my healthcare professional

If I am diagnosed as having a terminal condition and can no longer direct my own medical care:

- I want food and water artificially administered.
- I do not want food and water artificially administered
- Let me decide after we discuss this issue

If I am diagnosed as being close to death with terminal condition and can no longer direct my own medical care:

- I do not want any pain reduction or comfort care.
- I want all pain reduction and comfort care.
- Let me decide after we discuss this issue

If I am diagnosed as being in a permanent coma and can no longer direct my own medical care:

- I do not want my life-prolonging procedures.
- I want all possible life-prolonging procedures.
- I want some life-prolonging procedures, but not others.
- Let me decide after we discuss this issue

If I am diagnosed as being in a permanent coma and can no longer direct my own medical care. I want only the life-prolonging procedures that I check below to be administered:

- Blood and blood products
- Cardiopulmonary Resuscitation (CPR)
- Diagnostic Tests
- Dialysis
- Drugs
- Respirator
- Surgery
- Let me decide after I contact my healthcare professional

If I am diagnosed as being in a permanent coma and can no longer direct my own medical care:

- I want food and water artificially administered.
- I do not want food and water artificially administered
- Let me decide after we discuss this issue

If I am diagnosed being in a permanent coma and can no longer direct my own medical care:

- I do not want any pain reduction or comfort care.
- I want all pain reduction and comfort care.
- Let me decide after we discuss this issue

Enter the name and address and phone number of the person you wish to supervise your written healthcare wishes.

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_

You may want an alternate or successor. This person will step in if your named representative is unable to serve.

Enter your alternate's name and address here. Leave the spaces blank if you wish not to name an alternate.

Alternate's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Provisions: