

Wisconsin Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

Part 1 Choose a medical decision maker, Page 3

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

They are also called a health care agent, proxy, or surrogate.



Part 2 Make your own health care choices, Page 6

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3 Sign the form, Page 11

The form must be signed before it can be used.



You can fill out Part 1, Part 2, or both.

Fill out **only** the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on Page 12.

This is a legal form that lets you have a voice in your health care.

It will let your family, friends, and medical providers know how you want to be cared for if you cannot speak for yourself.

What should I do with this form?

- Please share this form with your family, friends, and medical providers.
- Please make sure copies of this form are placed in your medical record at all the places you get care.

What if I have questions about the form?

- It is OK to skip any part of this form if you have questions or do not want to answer.
- Ask your doctors, nurses, social workers, family, or friends to help.
- Lawyers can help too. This form does not give legal advice.

What if I want to make health care choices that are not on this form?

- On Page 10, you can write down anything else that is important to you.

When should I fill out this form again?

- If you change your mind about your health care choices
- If your health changes
- If your medical decision maker changes



If you and your spouse divorce, that person will no longer be your decision maker.

Give the new form to your medical decision maker and medical providers.

Destroy old forms.

We made sure this legal form is easy to read. But, Wisconsin law requires us to use legal terms and words too. Those legal terms are at the end of this form.

Share this form and your choices with your family, friends, and medical providers.

Part 1

Choose your medical decision maker

Your medical decision maker can make health care decisions for you if you are not able to make them yourself.

A good medical decision maker is a family member or friend who:

- is 18 years of age or older
- can talk to you about your wishes
- can be there for you when you need them
- you trust to follow your wishes and do what is best for you
- you trust to know your medical information
- is not afraid to ask doctors questions and speak up about your wishes



Unless they are a family member, your decision maker **cannot** be:

- your doctor or their spouse
- someone who works at your hospital, clinic or place where you live or get care, or their spouse

What will happen if I do not choose a medical decision maker?

If you are not able to make your own decisions, your doctors will turn to family and friends or a judge to make decisions for you. This person may not know what you want.

If you are not able, your medical decision maker can choose these things for you:

- doctors, nurses, social workers, caregivers
- hospitals, clinics, nursing homes
- medications, tests, or treatments
- who can look at your medical information
- what happens to your body and organs after you die



Here are more decisions your medical decision maker can make:

Start or stop life support or medical treatments, such as:

- **CPR or cardiopulmonary resuscitation**

cardio = heart • pulmonary = lungs • resuscitation = try to bring back

This may involve:

- pressing hard on your chest to try to keep your blood pumping
- electrical shocks to try to jump start your heart
- medicines in your veins



- **Breathing machine or ventilator**

The machine pumps air into your lungs and tries to breathe for you. You are not able to talk when you are on the machine.

- **Dialysis**

A machine that tries to clean your blood if your kidneys stop working.

- **Feeding Tube**

A tube used to try to feed you if you cannot swallow. The tube can be placed through your nose down into your throat and stomach. It can also be placed by surgery into your stomach.

- **Blood and water transfusions (IV)**

To put blood and water into your body.

- **Surgery**

- **Medicines**



End of life decisions your medical decision maker can make:

- call in a religious or spiritual leader
- decide about autopsy or organ donation
- decide if you die at home or in the hospital
- decide about burial or cremation

By signing this form, you allow your medical decision maker to:

- agree to, refuse, or withdraw any life support or medical treatment, including food and water by feeding tubes and transfusions (IV), if you are not able to speak for yourself
- decide what happens to your body after you die, such as funeral plans and organ donation

If there are decisions you do not want them to make, write them here:

When can my medical decision maker make decisions for me?

- ONLY after I am not able to make my own decisions
- NOW, right after I sign this form



Write the name of your medical decision maker.

I want this person to make my medical decisions if I am not able to make my own:

first name last name

phone #1 phone #2 relationship

address city state zip code

If the first person cannot do it, then I want this person to make my medical decisions:

first name last name

phone #1 phone #2 relationship

address city state zip code

To make your own health care choices, go to Part 2 on Page 6. If you are done, you must sign this form on Page 11.

Part 2

Make your own health care choices

What Matters Most in Life: Quality of life differs for each person.

For some people, the main goal is to be kept alive as long as possible even if:

- They have to be kept alive on machines and are suffering
- They are too sick to talk to their family and friends

For other people, the main goal is to focus on quality of life and being comfortable.

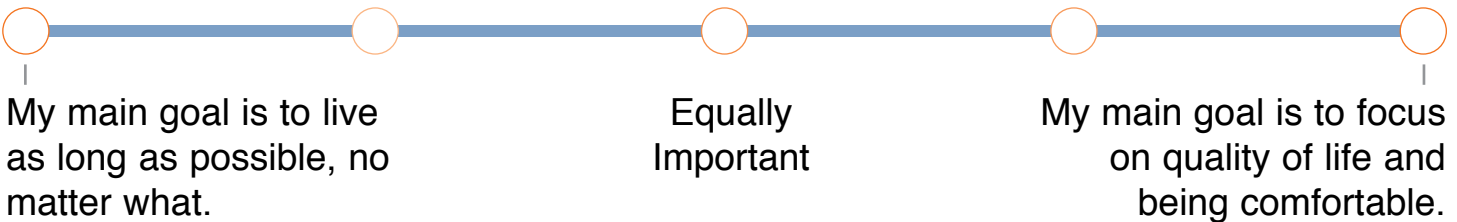
- These people would prefer a natural death, and not be kept alive on machines

Other people are somewhere in between. **What is important to you?**

Your goals may differ today in your current health than at the end of life.

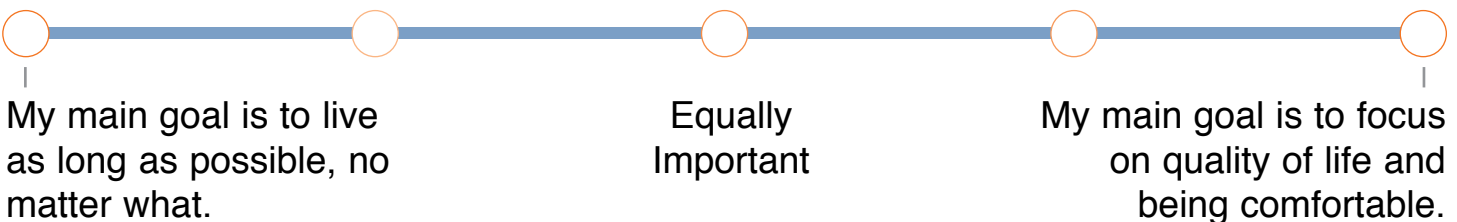
TODAY, IN YOUR CURRENT HEALTH

Put an X along this line to show how you feel today, in your current health.



AT THE END OF LIFE

Put an X along this line to show how you would feel if you were so sick that you may die soon.



If you want to write down why you feel this way, go to Page 10.

What Matters Most in Life: Quality of life differs for each person. What is important to you?

AT THE END OF LIFE, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

At the end of life, which of these things would be very hard on your quality of life?

Check the things below that would make you want to focus on comfort rather than trying to live as long as possible.

- Being in a coma and not able to wake up or talk to my family and friends
 - Not being able to live without being hooked up to machines
 - Not being able to think for myself, such as dementia
 - Not being able to feed, bathe, or take care of myself
 - Not being able to live on my own
 - Having constant, severe pain or discomfort
 - Something else _____
- OR,** I am willing to live through all of these things for a chance of living longer.



Is religion or spirituality important to you? Yes No

If you have one, what is your religion? _____

What should your medical providers and medical decision maker know about your religious or spiritual beliefs?

If you are dying, where do you want to be?

- at home
- in the hospital
- either

If you want to write down more about why you feel this way, go to Page 10.

How Do You Balance Quality of Life with Medical Care?

Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

Please **read this whole page** before making a choice.

AT THE END OF LIFE, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

Life support treatment can be CPR, a breathing machine, feeding tubes, dialysis, or transfusions.



Check the **one** choice you most agree with.

If you were so sick that you may die soon, what would you prefer?

- Try all life support treatments** that my doctors think might help. I want to **stay on life support** treatments even if there is little hope of getting better or living a life I value.
- Do a **trial of life support treatments** that my doctors think might help. But, I **DO NOT** want to **stay on life support** treatments if the treatments do not work and there is little hope of getting better or living a life I value.
- I **do not want life support treatments**, and I want to focus on being comfortable. I prefer to have a **natural death**.

Would these wishes change if you were pregnant? Yes No

What else should your medical providers and decision maker know about this choice? Or, why did you choose this option?

If you want to write down more about why you feel this way, go to Page 10.

Your decision maker may be asked about organ donation and autopsy after you die. Please tell us your wishes.

ORGAN DONATION

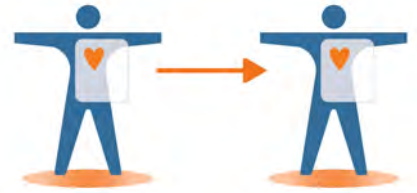
Some people decide to donate their organs or body parts. What do you prefer?

- I **want** to donate my organs or body parts.

Which organ or body part do you want to donate?

- Any organ or body part
 Only _____

- I **do not** want to donate my organs or body parts.



What else should your medical providers and medical decision maker know about donating your organs or body parts?

AUTOPSY

An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

- I **want** an autopsy.
 I **do not** want an autopsy.
 I **only** want an autopsy if there are questions about my death.



FUNERAL OR BURIAL WISHES

What should your medical providers and decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?

If you want to write down more about why you feel this way, go to Page 10.

Part 3

Sign the form



Before this form can be used, you must:

- sign this form if you are 18 years of age or older
- have two witnesses who can watch you sign this form

Sign your name and write the date.

sign your name

today's date

print your first name

print your last name

date of birth

address

city

state

zip code

Witnesses

Before this form can be used, you must have 2 witnesses sign the form.

Your witnesses must:

- be 18 years of age or older
- see you sign the form

Your witnesses cannot:

- be your medical decision maker
- be your health care provider
- work for your health care provider (chaplains and social workers are ok)
- work at the place that you live and get care (chaplains and social workers are ok)
- be the person that pays your medical costs
- be your domestic partner or related to you in any way
- benefit financially (get any money or property) after you die



Witnesses need to sign their names on Page 12.

Have your witnesses sign their names and write the date.

By signing, I promise that _____ signed this form while I watched. (the person named on Page 11)

They were thinking clearly and were not forced to sign it.

I also promise that:

- I am 18 years of age or older
- I am not their medical decision maker
- I am not their health care provider
- I do not work for their health care provider, except as a social worker or chaplain
- I do not work where they live and get care, except as a social worker or chaplain
- I do not pay their medical costs
- I am not related to them by blood, marriage, adoption, or domestic partnership
- I will not benefit financially (get any money or property) after they die



Witness #1

_____ sign your name _____ date

_____ print your first name _____ print your last name

_____ address _____ city _____ state _____ zip code

Witness #2

_____ sign your name _____ date

_____ print your first name _____ print your last name

_____ address _____ city _____ state _____ zip code

You are now done with this form.

Share this form with your family, friends, and medical providers. Talk with them about your medical wishes. To learn more go to www.prepareforyourcare.org

Wisconsin legal terms we must give you:

We made sure this legal form is easy to read.

But, Wisconsin law requires us to use legal terms and words too.

The next 2 pages have the legal language we must give you.

Here are the 5 main points:

1. You have the right to say no to treatment you do not want.
2. Some of your doctors may not know your wishes and values. This form allows you to pick someone who knows you well and can tell your doctors about your wishes and values.
3. You can use this form to limit the power that your medical decision maker has, because they are required to follow your wishes.
4. If your wishes change, you can update this form at any time.
5. If you get a divorce and your spouse is your medical decision maker, you will need to fill out a new form and appoint them again or pick someone else.

NOTICE TO PERSON
MAKING THIS DOCUMENT

YOU HAVE THE RIGHT TO MAKE DECISIONS ABOUT YOUR HEALTH CARE. NO HEALTH CARE MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND NECESSARY HEALTH CARE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT.

BECAUSE YOUR HEALTH CARE PROVIDERS IN SOME CASES MAY NOT HAVE HAD THE OPPORTUNITY TO ESTABLISH A LONG-TERM RELATIONSHIP WITH YOU, THEY ARE OFTEN UNFAMILIAR WITH YOUR BELIEFS AND VALUES AND THE DETAILS OF YOUR FAMILY RELATIONSHIPS. THIS POSES A PROBLEM IF YOU BECOME PHYSICALLY OR MENTALLY UNABLE TO MAKE DECISIONS ABOUT YOUR HEALTH CARE.

IN ORDER TO AVOID THIS PROBLEM, YOU MAY SIGN THIS LEGAL DOCUMENT TO SPECIFY THE PERSON WHOM YOU WANT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU ARE UNABLE TO MAKE THOSE DECISIONS PERSONALLY. THAT PERSON IS KNOWN AS YOUR MEDICAL DECISION MAKER (THEY ARE ALSO CALLED YOUR HEALTH CARE AGENT). YOU SHOULD TAKE SOME TIME TO DISCUSS YOUR THOUGHTS AND BELIEFS ABOUT MEDICAL TREATMENT WITH THE PERSON OR PERSONS WHOM YOU HAVE SPECIFIED. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF HEALTH CARE THAT YOU DO OR DO NOT DESIRE, AND YOU MAY LIMIT THE AUTHORITY OF YOUR HEALTH CARE AGENT. IF YOUR HEALTH CARE AGENT IS UNAWARE OF YOUR DESIRES WITH RESPECT TO A PARTICULAR HEALTH CARE DECISION, HE OR SHE IS REQUIRED TO DETERMINE WHAT WOULD BE IN YOUR BEST INTERESTS IN MAKING THE DECISION.

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT GIVES YOUR AGENT BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU. IT REVOKES ANY PRIOR POWER OF ATTORNEY FOR HEALTH CARE THAT YOU MAY HAVE MADE. IF YOU WISH TO CHANGE YOUR POWER OF ATTORNEY FOR HEALTH CARE, YOU MAY REVOKE THIS DOCUMENT AT ANY TIME BY DESTROYING IT, BY DIRECTING ANOTHER PERSON TO DESTROY IT IN YOUR PRESENCE, BY SIGNING A WRITTEN AND DATED STATEMENT OR BY STATING THAT IT IS REVOKED IN THE PRESENCE OF TWO WITNESSES. IF YOU REVOKE, YOU SHOULD NOTIFY YOUR AGENT, YOUR HEALTH CARE PROVIDERS AND ANY OTHER PERSON TO WHOM YOU HAVE GIVEN A COPY. IF YOUR AGENT IS YOUR SPOUSE OR DOMESTIC PARTNER AND YOUR MARRIAGE IS ANNULLED OR YOU ARE DIVORCED OR THE DOMESTIC PARTNERSHIP IS TERMINATED AFTER SIGNING THIS DOCUMENT, THE DOCUMENT IS INVALID.

YOU MAY ALSO USE THIS DOCUMENT TO MAKE OR REFUSE TO MAKE AN ANATOMICAL GIFT UPON YOUR DEATH. IF YOU USE THIS DOCUMENT TO MAKE OR REFUSE TO MAKE AN ANATOMICAL GIFT, THIS DOCUMENT REVOKES ANY PRIOR RECORD OF GIFT THAT YOU MAY HAVE MADE. YOU MAY REVOKE OR CHANGE ANY ANATOMICAL GIFT THAT YOU MAKE BY THIS DOCUMENT BY CROSSING OUT THE ANATOMICAL GIFTS PROVISION IN THIS DOCUMENT.

DO NOT SIGN THIS DOCUMENT UNLESS YOU CLEARLY UNDERSTAND IT.

IT IS SUGGESTED THAT YOU KEEP THE ORIGINAL OF THIS DOCUMENT ON FILE WITH YOUR PHYSICIAN.