

C. Guardianship: Have you designated someone to be your guardian should the need arise?

If no \_\_\_ Do you want to name a potential now?

If yes, who is it and give contact information

Name: \_\_\_\_\_

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

Phone number(s): \_\_\_\_\_

Do you want us to store any of the above documents along with your care plan?

D. Resuscitation

1. Health Directives: Resuscitation One.

If you had any of the following permanent medical conditions, would you want to be resuscitated?

a. Alzheimer's or another severe dementia? \_\_\_ Yes, \_\_\_ No.

b. Terminal illness such as cancer? \_\_\_ Yes, \_\_\_ No.

c. Advanced stages of a chronic progressive debilitating disease? (Such as MS, Parkinson's Disease) \_\_\_ Yes, \_\_\_ No.

Comments: \_\_\_\_\_

2. Health Directives: Resuscitation Two.

If, in addition to cognitive impairment, you had any of the following permanent disabilities, would you want to be resuscitated?

a. If you are unable to walk? \_\_\_ Yes, \_\_\_ No.

b. If you are unable to feed yourself? \_\_\_ Yes, \_\_\_ No.

c. If you are unable to swallow food or fluids? \_\_\_ Yes, \_\_\_ No.

d. If you are unable to talk? \_\_\_ Yes, \_\_\_ No.

e. If you are unable to comprehend words and/or instructions and carry on a meaningful conversation? \_\_\_ Yes, \_\_\_ No. Comments: \_\_\_\_\_

F. Terminal Illness:

1. Health Directive: Terminal Illness 1- If you had a terminal illness would you desire treatment or hospitalization (except for comfort) for any of the following? Or would you never want treatment or hospitalization for any reason?

a. Infection? \_\_\_ Yes, \_\_\_ No.

b. Stroke? \_\_\_ Yes, \_\_\_ No.

c. Heart Attack? \_\_\_ Yes, \_\_\_ No.

d. Cancer? \_\_\_ Yes, \_\_\_ No.

e. Other \_\_\_\_\_? Please indicate in your comments what this would be.

f. You would not want to be hospitalized for any reason.

Comments: \_\_\_\_\_

2. Health Directives: Terminal Illness 2.

a. If you had a short-term terminal illness, do you think you would like would you like to be able to stay home to die, if comfort could be maintained? \_\_\_ Yes, \_\_\_ No. Comments: \_\_\_\_\_

b. If you had a terminal illness, do you think you would want extraordinary procedures such as chemotherapy or a tracheostomy to prolong your life, if they did not also add to the quality? \_\_\_ Yes, Comments: \_\_\_\_\_ \_\_\_ No.

Do you think you would desire treatment only to include medications, special diet, or other non-invasive treatments to maintain or improve function while maintaining comfort? \_\_\_ Yes,