

Directions to my health care agent about decisions for my care if I cannot make decisions and my condition is unlikely to change.

Print Name: _____

My values and wishes:

If I contract dementia, Alzheimer's or other progressive brain disease, I do not wish to burden my family emotionally, physically or financially. To that end I set forth the following wishes:

Upon diagnosis ensure that appropriate instructions are noted in the MOLST document

Do not resuscitate or ventilate or administer artificial nutrition or hydration

Do not pursue any aggressive medical treatments

Do not pursue medical or diagnostic tests

Move me out of my home to (skilled nursing/memory care facility) if, in the opinion of (name one or more caregivers/family members) the following conditions make such a move appropriate

I am:

Unsafe

Unable to care for myself

Bedridden

Incontinent

I become violent or abusive or cause disturbances

Care becomes too difficult, demanding or expensive in my home

Allow natural death to occur once quality of life is significantly diminished in the view of -(Print name of one or more caregivers/family members)

Quality of life measures:

Cannot communicate

Experience chronic confusion and disorientation

Measures to allow natural death to occur

Except as provided below, do not prolong my life with any medical treatment, do not call 911 or other emergency response

Discontinue all medications intended to prolong life except if necessary to ensure comfort

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Do not treat any condition except pain or fracture unless needed for comfort

Do not treat pneumonia or infection

Do not administer antibiotics

Do not hospitalize except for a fracture

Do not feed me or give me nutritional drinks if I cannot or do not feed myself

When appropriate, follow my Directions to my healthcare agent about “Ending my life in the event that I cannot make decisions” dated _____

To those I am entrusting to carry out my wishes. I understand that taking these steps will be difficult for you. I hope that you will be able to do it, knowing that this is what I want for my sake and yours.
I love you.

Signature: _____ **Date:** _____

Witness Signature _____ **Date:** _____

Witness name printed _____

Witness address _____

Witness Signature: _____ **Date:** _____

Witness name printed _____

Witness address _____