



Fill out this brief form, sign it, date it and have two witnesses sign their names and write the date.

1. If I have a life-limiting illness or life-threatening injury, I want the following support treatment (choose ONE that best describes your wishes):

- a. Apply any life support treatments my physician recommends. If the treatments don't work and there's little hope to improve, I want to stay on life support machines and/or medications.
- b. Apply any life support treatments my physician recommends. If the treatments don't work and there's little hope to improve, **I DO NOT** want to stay on life support machines and/or medications.
- c. Apply life support treatments my physician recommends, **EXCEPT** for these:
 - CPR
 - Heart machines
 - Breathing machines
 - Kidney dialysis
 - Feeding tube
 - Blood transfusions
 - Medications
 - Other
- d. I want my healthcare agent to make the decisions for me

2. I also want to try to achieve this level of comfort:

- a. Apply whatever it takes to keep me pain-free
- b. Apply what it takes to keep me comfortable but as clear-minded as possible
- c. Apply no medications but try natural remedies and/or massage for pain
- d. Give me no pain medications or treatments – let nature take its course

3. If I can't make or communicate my medical decisions, I want this person to make or communicate the decisions for me:

Option 1 Name _____
Address _____
Phone Number _____ Email Address _____

Option 2 Name _____
Address _____
Phone Number _____ Email Address _____

4. If possible, I prefer to spend my remaining time at:

- a. Home
- b. Hospital
- c. Inpatient Hospice Unit/Facility (if known, please specify) _____
- d. Other (please specify) _____
- e. Not sure

5. If possible, I wish to spend time especially with these people:

6. I want my family and friends to know:

Signed _____ Print Name _____ Date _____

Witness #1 Signature _____ Print Name _____ Date _____

Witness #2 Signature _____ Print Name _____ Date _____

For details on sharing and storing your wishes, visit www.whats-your-plan.info.

Sponsored by Community Hospice of Texas. Have questions about documenting your plan?
Call us at 817.870.2795 or visit CHOT.org.