



CLIENT NAME: _____

LIVING WILL QUESTIONNAIRE

The goal of this document is to help clients express their wishes regarding difficult end of life decisions. An effective Living Will not only assures that every individual can dictate their own wishes, but the document also serves the purpose of making difficult decisions easier for loved ones. Please read through this document carefully. Your answers will be utilized in preparing your Living Will.

Terminal Conditions:

A terminal condition is best described as “an incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to postpone the moment of death.” A Living Will takes effect when BOTH of the following elements are present:

Your attending physician and one other physician certify in writing that:

- 1) You have a “terminal condition” (as defined above)

AND

- 2) You are unable to receive or evaluate information, or communicate decisions concerning your person

A life-sustaining procedure is best described as “a procedure that only serves to prolong the dying process.” In the event the above elements are present, your choices can be simplified into the following options. Please initial the (1) option that best describes your wishes if in a “terminal condition”:

_____ (Initials) Life-sustaining procedures shall be immediately withdrawn. However, patient will continue to receive nutrition and/or hydration if purpose is to provide comfort and/or alleviate pain.

_____ (Initials) Life-sustaining procedures shall continue for _____ days (Please fill # of days). If condition has not improved after set number of days, life-sustaining procedures shall be withdrawn. However, patient will continue to receive nutrition and/or hydration if purpose is to provide comfort and/or alleviate pain.

_____ (Initials) Regardless of prognosis, all life-sustaining procedures are to continue indefinitely.

Persistent Vegetative State:

A persistent vegetative state is not specifically defined, but is best explained by reference to the criteria and definitions employed by the medical community standards of practice. It generally includes a medical state in which an attending physician and another doctor, qualified to make such diagnosis, agree that, within a reasonable degree of medical probability, the patient can no longer think, feel anything, knowingly move, or be aware of being alive. The physicians must agree this condition will last indefinitely without hope for improvement and they must have monitored the patient long enough to make that decision.

A Living Will takes effect when:

Your attending physician and one other physician certify in writing that:

- You are in a “persistent vegetative state” (as described above)

As referenced prior, a life-sustaining procedure is best described as “a procedure that only serves to prolong the dying process.” In the event the above element is present, your choices can be simplified into the following options. Please initial the (1) option that best describes your wishes if in a “persistent vegetative state”:

_____ (Initials) Life-sustaining procedures shall be immediately withdrawn. However, patient will continue to receive nutrition and/or hydration if purpose is to provide comfort and/or alleviate pain.

_____ (Initials) Life-sustaining procedures shall continue for _____ days (Please fill # of days). If condition has not improved after set number of days, life-sustaining procedures shall be withdrawn. However, patient will continue to receive nutrition and/or hydration if purpose is to provide comfort and/or alleviate pain.

_____ (Initials) Regardless of prognosis, all life-sustaining procedures are to continue indefinitely.

Artificial Nutrition/Hydration

In the event that you have a “terminal condition” or are in a “persistent vegetative state”, and the only care you are receiving is artificial nutrition/hydration (i.e. IV/Feeding Tube), please initial the (1) option that best describes your wishes:

_____ (Initials) Artificial nutrition or hydration shall not be continued.

_____ (Initials) Artificial nutrition or hydration shall be continued for _____ days. (Please fill # of days)

_____ (Initials) Artificial nutrition or hydration shall be continued, if medically feasible and advisable in the determination of my physicians.

Organ/Tissue Donation

In the event of my death, if my organs and/or tissues may be used: Please Initial (1):

_____ (Initials) I wish to be an organ and/or tissue donor, if medically feasible.

_____ (Initials) I do not wish to be an organ and/or tissue donor.

Thank you for taking the time to address this difficult topic. Again, this form does not serve the purpose of replacing your Living Will, but simply gives me the information needed to begin drafting your Living Will documents. You will have a chance to review all documents before they are finalized. Furthermore, please note that your wishes regarding end of life decisions can be amended at any time.