

How To Complete The Advance Health Care Directive Form

1. **Complete** the parts of the form that express your wishes.
2. **Sign** and **date** the document while 2 witnesses watch you sign.
3. **Witnesses:**

All witnesses must:

- be adults
- be present when you sign
- watch you sign the document
- sign and date the document
- know you personally or be shown proof of your identity before signing
- NOT be one of the persons you name as agent/decision maker

Also:

For the California Form (**ALL** hospitals in California):

- The witness must not be someone who works for your health care provider
- 2 witnesses must sign:
1 of the witnesses must not be related to you by blood or marriage. This witness must sign the "Statement of Witnesses" section AND the "Additional Witness Statement"

For the VA Form (VA facilities only):

- 2 witnesses must sign
- witness cannot be financially responsible for you now or in the past
- if no other witness available, certain VA employees can serve as witness - contact Social Work Service for assistance

(Either form can be notarized if you prefer.)

4. What to do with your **completed form**:

- You keep the original
- Give one copy to the doctor, nurse or social worker for your Medical Record
- Give a copy to your decision makers

Instructions and Definitions for VA Advance Directives

1. VA Advance Directive: Living Will & Durable Power of Attorney for Health Care

(VA form 10-0137)

This combined Durable Power Of Attorney for Health Care and Living Will permits you to specify certain treatments you may or may not want. With this form, you can:

- a. Appoint someone to make health care decisions for you if in the future, you become unable to make those decisions for yourself

and/or

Indicate what medical treatment(s) you do or do not want if in the future you are unable to make your wishes known.

2. Instructions:

- a. Read each section carefully.
- b. Talk to the person(s) you plan to appoint to make sure that they understand your wishes, and are willing to take the responsibility.
- c. Place the initials of your name in the blank before those choices you want to make under parts 1 and 2 of VA Form 10-0137.
- d. Add any special instructions in the blank spaces provided. If you need more space for additional comments, you may use a separate sheet of paper; but you must indicate on the form that there are additional pages to your advance directive.
- e. Sign the form and have it witnessed.
- f. Keep the original for yourself.
- g. Give a copy of this entire form to all of the following people: your doctor or your nurse, the person you appoint to make your health care decisions for you, your family, and anyone else who might be involved in your care.
- h. Remember that you may change or cancel this document at anytime.