

INFORMATION FOR HEALTH CARE AGENT

I AUTHORIZE ATTACHING THIS DOCUMENT TO MY IDAHO ADVANCE CARE PLANNING DOCUMENT.

Date of signing: _____

1. GENERAL INFORMATION

My full legal name is: _____

My date of birth is: _____ email: _____

My primary Doctor is: _____

I have attached or given you copies of my medical insurance cards, Medicare card if applicable, and any other similar cards: Yes _____ No _____

I have attached or given you a copy of my medical documents (Advance Care Planning document, Living Will, Durable Power of Attorney for Health Care, Physician Orders for Scope of Treatment, DNR, DNI):

Yes _____ No _____

I have an Advance Care Planning Document (Medical Directive) registered at the Idaho Department of Health & Welfare Registry (Vynca): Yes _____ No _____

If I have an personal account in the Registry, my User Name is _____
and my Password is: _____

2. STATEMENT OF BELIEFS AND WISHES

I want you, as my health care agent, to understand my beliefs and wishes. The following list of questions and answers is designed to help you in that understanding. If you have any questions about my answers or explanations, please ask them. Some of these situations are covered by the document(s) I have executed regarding my health care, which may include a document naming you as my health care agent. If there is any conflict between such documents and this information sheet, this document is to control. This document is done to give you a better understanding of my choices in my documents, or to make decisions about matters not covered by my documents.

1. I would describe my current health status and any medical problems, and my feelings about my current health status and any medical problems, as follows:

2. My current health status and medical problems affect my ability to function as follows:

3. How important is independence and self-sufficiency in my life: _____

4. If my physical and mental abilities were decreased, how would that affect my attitude toward independence and self-sufficiency: _____

5. How I feel about the use of life-sustaining measures in the face of terminal illness:

6. How I feel about the use of life-sustaining measures in the face of permanent coma:

