

Did You Remember To ...

- Fill out Part I if you want to name a health care agent?
- Sign and date the advance directive in Part III, in front of two witnesses who also need to sign?
- Name one or two back-up agents in case your first choice as health care agent is not available when needed?
- Look over the “After My Death” form to see if you want to fill out any part of it?
- Talk to your agents and back-up agent about your values and priorities, and decide whether that’s enough guidance or whether you also want to make specific health care decisions in the advance directive?
- Make sure your health care agent (if you named one), your family, and your doctor know about your advance care planning?
- If you want to make specific decisions, fill out Part II, choosing carefully among alternatives?
- Give a copy of your advance directive to your health care agent, family members, doctor, and hospital or nursing home if you are a patient there?

• **Wallet Card**

It is essential that your health care provider know that you have executed an advance directive. Your treating physicians should be given a copy of the documents. The wallet card is one way to do this. Fill out the card, then cut it out and carry it with you at all times.

To fold the card to fit in your wallet, fold on the dotted line first with words facing out, then fold on the solid line so “Notice” is visible on both sides.

<p style="text-align: center;"><u>Notice to Health Care Providers</u></p> <p>I HAVE AN ADVANCE DIRECTIVE (Living Will).</p> <p>My Name: _____</p> <p>My Doctor’s Name: _____</p> <p>Doctor’s Phone: _____</p> <hr style="border-top: 1px dashed black;"/> <p>OTHER ADVANCE DIRECTIVE COPIES ARE HELD BY:</p> <p>Name: _____</p> <p>Phone Numbers: _____</p> <p>_____</p> <p>Name: _____</p> <p>Phone Numbers: _____</p> <p>_____</p>	<p style="text-align: center;"><u>Notice to Health Care Providers</u></p> <p>ADVANCE DIRECTIVE COPIES ARE HELD BY:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Numbers: _____</p> <p>_____</p> <hr style="border-top: 1px dashed black;"/> <p>I ALSO HAVE A HEALTH CARE AGENT.</p> <p>Agent’s Name: _____</p> <p>Phone Numbers: _____</p> <p>_____</p> <p>My agent also has a copy of my health care power of attorney, and can make medical decisions for me if I am unable to do so.</p>
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