This is my doctor order sheet. It is based on my medical condition and wishes. It summarizes my treatment choices for end-of-life care and sets forth the timing options for when my treatment choices will go into effect. It also appoints my Healthcare Decision-Maker.

### I. RESUSCITATION ORDER (initial ONE):

If I have no pulse and am not breathing:

- [ ] Resuscitate
- [ ] Do NOT Resuscitate

### II. MEDICAL INTERVENTION AND TIMING ORDER (Initial ALL that apply):

I choose the following limitations to medical intervention at the end of my life:

- [ ] **Comfort Care Only**: I choose to refuse medical intervention except as may be needed to provide comfort. Comfort measures are to be used where I live or reside. I am not to be sent to the hospital or emergency room again unless comfort measures fail.
  - [ ] I do not want to receive antibiotics again
  - [ ] I do not want to continue my usual medications
  - [ ] I do not want food and water except as I choose it or request it.
    - No intravenous fluids or feeding tubes.

I want the Orders chosen above to apply when: (initial ALL that apply):

- [ ] Immediately
- [ ] I am close to death
- [ ] I have an advanced progressive illness
- [ ] I am permanently unconscious
- [ ] I am experiencing extraordinary suffering
- [ ] I have dementia and have passed certain benchmarks known to my Healthcare Decision-Maker. Some of those benchmarks are:

  - 
  - 
  - 

### III. APPOINTMENT OF HEALTHCARE DECISION-MAKER

I appoint ________________________________ as my Healthcare Decision-Maker.

I appoint ________________________________ as my alternate Decision-Maker.

I authorize my Healthcare Decision-Maker to direct my healthcare when I cannot do so. I authorize my Decision-Maker to implement my options for withdrawal from medical intervention under circumstances known to him/her as best representing my own wishes.
IV. SIGNATURE

I, ____________________________________, ask that my doctors, other healthcare providers, family, friends, and all others, follow my wishes as communicated by my Healthcare Decision-Maker.

Signature:________________________________________  Date:________________________

Address:____________________________________________

WITNESS STATEMENT: I, the witness, declare that the person who signed this form is personally known to me, that he/she signed it in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

________________________________________  __________________________________________
Signature of Witness #1  Date  Signature of Witness #2  Date

________________________________________  __________________________________________
Printed Name of Witness  Printed Name of Witness

________________________________________  __________________________________________
Address  Address

PHYSICIAN SIGNATURE: I acknowledge that __________________________________________
has discussed this form with me and confirmed that it represents his/her wishes for health care at the end of life. I agree to comply with his/her wishes.

________________________________________
Physician Signature  Date

________________________________________
Printed Name of Physician

V. REVIEW OF THIS CONTRACT

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CONTRACT FOR COMPASSIONATE CARE
MAKE AVAILABLE TO ALL MEDICAL PROVIDERS AND CAREGIVERS
Before proceeding with any part of the Contract for Compassionate Care, it is important to understand your motives and eliminate depressive disorders as a motivating factor in your decision. Answer each of the five questions below as best you can. There is space provided after each question so you may write out your response. Answer the questions with as much specificity as you can.

1. Am I just depressed? ____________________________________________________________

2. Is it possible life could get better again? __________________________________________

3. Do I have any important unfinished business? ______________________________________

4. Do I still enjoy waking up in the morning? _________________________________________

5. Am I ready to let death happen? ________________________________________________
MY PROS AND CONS LIST
A Supporting Document for the Compassion Protocol

Part One:
Reasons to Continue Living
Part Two:
Reasons to Want a Natural Death to Occur Sooner Rather than Later