

HEALTH CARE POWER OF ATTORNEY/LIVING WILL INTAKE

Client		
Name:		
Health Care Agent		
Name		Address
Home Phone	Work Phone	Cell Phone:
Alternate Health Care Agent		
Name		Address
Home Phone	Work Phone	Cell Phone
Second Alternate Health Care Agent		
Name		Address
Home Phone	Work Phone	Cell Phone
Physicians		
Treating Physician Name(s)		Address(s)
<p>Determination of incapacity: The client can choose a doctor to determine if s/he is incapacitated and the health care agent needs to begin making decisions. Duke Medical Center recommends that for ease and efficiency, the client leave this decision to “the attending physician” – that is, whoever is caring for the patient in the hospital or other facility.</p>		
<p>Who does the client want to make the determination? Name physician or “attending physician?”</p>		
Name of physician		Place of Employment
<p>Confirm that “doctor” is an MD, not Nurse Practitioner or Physician’s Assistant</p> <p><input type="checkbox"/> Yes, doctor is MD</p> <p><input type="checkbox"/> No, “doctor” is not MD (Client can name “attending physician for...”)</p> <p><input type="checkbox"/> Not sure (ask case manager or call clinic)</p>		
Limitations on Health Care Agent’s Authority		
<p>General Limitations (apart from End of Life care): Does the client wish to place any limitations on health care agent’s authority (e.g. a client might have religious objections to certain kinds of medical treatment and would then limit the health care agents’ authority with regard to those treatments)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:</p>		
<p>Mental Health Decisions: Does the client wish to place any limitations on health care agent’s authority to make mental health treatment decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the client have an Advance Instruction for Mental Health Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Remains: Does the client wish to restrict health care agent’s authority to authorize an autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No Organ Donation permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Use of body for research permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Does client wish to be <input type="checkbox"/> buried or <input type="checkbox"/> cremated</p>		

END OF LIFE CARE --- Withholding or Withdrawal of Life-Prolonging Measures

To Students: At this point you may wish to explain “Life Prolonging Measures” in plain English: Here’s the **technical definition:** Medical procedures/interventions which would only postpone artificially the moment of death by sustaining, restoring, or supplanting a vital function, including mechanical ventilation, dialysis, antibiotics, artificial nutrition/hydration, etc. Life-prolonging measures do not include care to provide comfort or pain relief.

Withholding of Life Support: Does the client wish to give the health care agent the power to authorize the withholding or withdrawing of life-prolonging measure? Yes No

If client is authorizing withdrawal/withholding of life support, complete this section:

When to Withhold: Under what circumstances does client want to authorize the health care agent’s authority to withhold or withdraw life-prolonging measures:

- Client has an incurable or irreversible condition that will result in death within a relatively short period of time;
- Client becomes unconscious and client’s health care providers determine that, to a high degree of medical certainty, client will never regain consciousness;
- Client suffers from advanced dementia or any other condition which results in the substantial loss of cognitive ability and client’s health care providers determine that, to a high degree of medical certainty, this loss is not reversible.

Nutrition and Hydration: Artificial nutrition & hydration are life-prolonging measures and will be withdrawn along with other interventions (eg breathing machine, dialysis, etc) unless the client makes an exception and inserts a limitation on the HCPOA and LW.

- Does the client want to place limitations on withdrawal/withholding artificial nutrition/hydration? (i.e., remove other life prolonging measures, but keep artificial nutrition/hydration)

Nutrition -- Limitation on withdrawal/withholding Yes No (Check “yes” if client WANTS nutrition)

Hydration -- Limitation on withdrawal/withholding? Yes No (Check “yes” if client WANTS hydration)

- Even if the client wants nutrition/hydration when other life-prolonging measures are removed, would they permit nutrition/hydration to be removed if the attending physician determines it would cause pain, distress, or other harm?

May/Shall: Does the client want to **mandate** withdrawal/withholding life prolonging measures? Yes No

Which trumps? Does client want the health care agent to be able to override client’s instructions about life prolonging measures Yes No

All clients: Does the client have any other wishes about end-of-life care? (Please describe below)

Documents

What documents does client want? Health Care Power of Attorney Living Will

To whom does client want us to send copies of the Health Care POA and Living Will?

- Doctor(s) _____
- Health Care Agent Alternate Agent
- Other: _____ Do not send copies