



Patient Name: _____ DOB: _____ MRN: _____

DESIGNATION OF A TRUSTED DECISION MAKER

The Trusted Decision Maker will be considered as the patient's choice of individual to speak on the patient's behalf in the event the patient loses decision-making capacity. This designation does not constitute a formal advance directive and does not carry legal authority and will remain in effect only until a) a patient revokes the named individual's status or b) a completed, signed and either witnessed or notarized advance directive document formally naming a Health Care Agent is provided to PSJH.

The patient identifies the following individual to serve as a **trusted decision maker**, designated to speak for the individual in making medical treatment decisions in the future if he/she is unable to speak for himself/herself.

Primary Trusted Decision Maker

_____	_____	_____
Print Name	Relationship to Patient	Phone Number

Alternate Trusted Decision Maker

_____	_____	_____
Print Name	Relationship to Patient	Phone Number

GUIDANCE TO HEALTH CARE TEAM AND FAMILY

In working together to make treatment decisions and plans for my care, please consider my general preferences described below:

Choose Only **ONE** Box

- Currently I am not sure which statements below I most agree with. I trust my health care agent to do what is best for me.
- I want to continue living even if my quality of life seems low to others and I am unable to communicate with people. In general, I would accept support of my breathing, heart, and kidney function by machines that require me to be in a hospital or special care unit.
- Life is precious, but I understand that we all die sometime. I want to live as long as I can interact with others and can enjoy some quality of life. I would accept intensive treatments only if I had a reasonable chance of getting better. I would refuse long-term support by intensive medications or machines if my quality of life was poor and I was not able to communicate with people.
- It is most important to me to avoid suffering. I do not want extraordinary medical treatments, such as breathing machines or cardiopulmonary resuscitation (CPR). If my natural body functions fail, I would refuse treatments and choose to die naturally.

DETERMINATION OF CAPACITY

Today, the patient has the capacity to make this decision. The basis for decisional capacity entails all the following. The patient is able (in a general way) to understand:

- Their condition
- Treatment alternatives
- Potential benefits and risks of proposed treatments/interventions

SIGNATURE:

_____	_____	_____	_____
Print Name of Physician/NP/PA	Signature of Physician/NP/PA	License #	Date