

LETTING GO WITH DIGNITY

EMPOWERING END-OF-LIFE DECISIONS

Completing Your Advance Directives

1. Have “The Conversation” with your Agents.
2. Complete filling out your Advance Directives.
3. Have your Agents sign on page 7, indicating that they agree to serve as Agents.
4. Sign your Advance Directives with two witnesses present, and a notary if that is your choice.

What To Do with Your Advance Directives

1. Give copies to:
 - Agents and Alternative Agents
 - Doctors – both your GP and any specialists you see regularly
 - Hospital, assisted living facility and/or nursing home medical records departments
 - Any other people you want to be informed of your wishes
2. Make a list of everyone to whom you have given a copy and keep it with the original.
3. Put the original in a safe, but easily accessible place – NOT a safe deposit box – and tell your Agents where it is.
4. Complete an “In Case of Emergency” info card indicating that you have Advance Directives, and giving contact information for your Agents ... and keep it with you at all times.
5. Put your Agent and Alternate Agents on your cell phone as ICE (In Case of Emergency) contacts. You can also put MDPOA by their names; i.e., ICE 1 MDPOA Joan Smith; ICE 2 MDPOA Sam Jones; ICE 3 MDPOA Sandra Wilson.
6. Plan to review and update your Advance Directives at least yearly. If changes are made, make new copies, have them witnessed/notarized, and destroy all the old ones.

In Case of Emergency: Smart Phone Apps

Many free and low-cost apps are available for iPhones and android phones. If you have an iPhone 4s or later, a Health app is already included in your standard apps.

In Case of Emergency Card

You can also print your personal ICE information on small pieces of paper or cards and keep them in your wallet, your vehicle and your home. It's a good idea to have them laminated to protect them from damage.

Here's a sample of the information to be included on your card. Of course, you can add or subtract information, too.

I am (Name), a US (or other) citizen.

I have (list medical conditions) and take (list prescriptions and OTC drugs)

I have the following allergies (list any)

My blood type is _____

Please notify my Agents, who have copies of my
Medical Durable Power of Attorney and Living Will.

All are on ICE on my cell phone.

#1 to be contacted:

Name

Home Phone:

Cell Phone:

#2 to be contacted:

Name

Home Phone:

Cell Phone:

#3 to be contacted:

Name

Home Phone:

Cell Phone:

Primary Care Physician:

Name:

Phone: