

Healthcare Directive (Living Will) Questionnaire



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Member Central/Northern Arizona

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____ Con ____ Intv ____ Doc Prep

Healthcare Directive (Living Will & Power of Attorney)

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HOW DID YOU HEAR ABOUT US?

- Web Site
- Yellow Pages
- Billboard
- Referred by Someone
- Previous Client
- Other _____

1. Personal Information:

| | | | |
|---|-----------------------------|-----|--------|
| Full name: _____ <i>Legal Name (First MI Last)</i> | | | |
| Address: _____ Line 1 | | | Apt. # |
| Address: _____ Line 2 | | | |
| City: _____ | State: | ZIP | |
| Home Phone No. () _____ | Work Phone No. () _____ | | |
| Cell Phone _____ () _____ | | | |
| Date of Birth: _____ <i>(mm/dd/yy)</i> | Age: _____ | | |
| E-Mail: _____ | | | |

Gender: Male Female Marital Status: Single Married

2. Doctor's information:

| | | | |
|----------------------------------|--------|-----|--------|
| Doctor's Name <i>(P.C.P.)</i> | | | |
| Address: _____ Line 1 | | | Ste. # |
| Address: _____ Line 2 | | | |
| City: _____ | State: | ZIP | |
| Office Phone No. () _____ | | | |

| | | | |
|---|--------|-----|--------|
| Alternative Doctor's Name <i>(Specialist)</i> | | | |
| Address: _____ Line 1 | | | Ste. # |
| Address: _____ Line 2 | | | |
| City: _____ | State: | ZIP | |
| Office Phone No. () _____ | | | |

3. Healthcare Agent Information:

Would you like to name a healthcare agent should you be unable to speak for yourself? Yes No

If yes, then:

| | | | |
|--|--------|-----------------------|--------|
| Healthcare Agent's Name: <i>Legal Name (First MI Last)</i> | | | |
| Address: Line 1 | | | Apt. # |
| Address: Line 2 | | | |
| City: | State: | ZIP | |
| Home Phone No. | () | Alternative Phone No. | () |
| Cell Phone | () | | |
| What is their relationship to you? I.e. Spouse, friend, sister, etc | | | |

Would you like to designate an alternative healthcare agent? Yes No

If yes, then:

| | | | |
|--|--------|-----------------------|--------|
| Alt. Healthcare Agent's Name: <i>Legal Name (First MI Last)</i> | | | |
| Address: Line 1 | | | Apt. # |
| Address: Line 2 | | | |
| City: | State: | ZIP | |
| Home Phone No. | () | Alternative Phone No. | () |
| Cell Phone | () | | |
| What is their relationship to you? I.e. Spouse, friend, sister, etc | | | |

4. Power and Authority of Healthcare Agent:

A. Would you like your agent to have the power to direct your healthcare providers to withdraw or withhold life prolonging procedures?

Yes No

B. Would you like your agent to have the power to direct artificially withhold or withdraw food and water?

Yes No

C. Would you like your agent to have the authority to carry out your wishes for organ, tissue or body donation after your death?

Yes No

D. Choose a statement that best describes your wishes.

I consent to an autopsy

I do not consent to an autopsy

My agent may give or consent to an autopsy

Choose a statement that best expresses your preferences.

I have already made arrangements or signed documents expressing my wishes for burial or cremation, which my agent should follow.

(Briefly describe the document you have prepared that expresses your wishes – or any other agreement you have made to have your body buried or cremated.)

I want my agent to decide whether my body is to be buried or cremated.

I do not authorize my agent to make decision about my burial or cremation.

E. Do you want to nominate your Healthcare Agent as your personal guardian or conservator?

Yes No

5. Specifying healthcare wishes:

A. Select the option you prefer:

- I want to specify my wishes for healthcare treatment. I understand that my Healthcare Agent will make decisions matters that I do not address.
- I want my Healthcare Agent to make all treatment decisions for me.

B. If either of these two situations arise what are your wishes:

- Close to death from a terminal condition or
- Perminately unconscious.

If you are sure that your wishes are simple, you may select either of the following two (2) options.

- I do not want my life prolonged in either of these situations
- I do want my life prolonged as long as possible within the limits of generally accepted healthcare standards.

or

If you are not sure what type of care you want or if your wishes differ depending on the circumstances then select the following option.

- I would like to express my treatment choices for each situation separately.

Treatment if Terminally Ill:

1). Life prolonging procedures:

- I do not want any life prolonging procedures.
- I want some life prolonging procedures but not others.

Check all life prolonging procedures you want:

- Blood and blood products
- Cardiopulmonary Resuscitation (CPR)
- Diagnostic tests
- Dialysis
- Drugs other than those to relieve pain
- Respirator
- Surgery
- I want all possible life prolonging procedures
- I want my agent to decide.

2). Do you want food and water artificially administered if you are diagnosed as being close to death from a terminal condition?

- I do not want artificially administered food and water.
- I do want artificially administered food and water.
- I want my agent to decide.

Treatment if permanently unconscious:

1). Life prolonging procedures:

- I do not want any life prolonging procedures.
- I want some life prolonging procedures but not others.

Check all life prolonging procedures you want:

- Blood and blood products
- Cardiopulmonary Resuscitation (CPR)
- Diagnostic tests
- Dialysis
- Drugs other than those to relieve pain
- Respirator
- Surgery
- I want all possible life prolonging procedures
- I want my agent to decide.

2). Do you want food and water artificially administered if you are diagnosed as being close to death from a terminal condition?

- I do not want artificially administered food and water.
- I do want artificially administered food and water.
- I want my agent to decide.

6. Organ donations:

- I have already made arrangements or signed documents expressing my wishes for organ, tissue or body donation, which my agent should follow.

(Briefly describe the document you have prepared that expresses your wishes – or any other agreement you have made regarding organ, tissue or body donation.)

- I want to leave instructions in my living will about organ, tissue or body donation.
 - I want to donate any need organs, tissues or body parts.
 - I want to donate only the following organs, tissues or body parts.

What is the purpose of your donation?

- Any purpose allowed by law.
- For the purpose of: (check all that apply)
 - Transplant
 - Therapy
 - Research
 - Education

- I do not want to donate my organ, tissue or body.
- I want my agent to decide whether or not to donate my organ, tissue or body after my death.

Discount Divorce Professionals, LLC.

AGREEMENT

This agreement, entered into this _____, constitutes the full and complete agreement of Discount Divorce Professionals
(date)

and its client: _____
(printed name)

Discount Divorce Professionals is not a law firm. Discount Divorce Professionals is a document preparation service I (the client) understands that Discount Divorce Professionals, LLC. not a law firm and is a document preparation company and its representatives can not give legal advice. I agree that Discount Divorce Professionals, LLC. is preparing only a last will and testament.

Proof Reading Documents

I understand that I am responsible for proof-reading documents for typographical and other errors before signing finished documents. I agree that I will hold Discount Divorce Professionals, LLC., its stockholders, representatives, or any other person connect harmless and not liable for any errors or omissions regardless of who fault it maybe.

Privacy Policy

I understand that when an e-mail address, telephone, or fax number have been given to Discount Divorce Professionals, LLC., it is assumed that I have already taken the appropriate steps to protect my own confidentiality and privacy as necessary. All information provided to Discount Divorce Professionals, LLC. will be treated as confidential. I also understand, no "Attorney-Client Privilege" exists because Discount Divorce Professionals, LLC. is not a law firm and I they are subject to subpoena and can be ordered to testify.

Guarantee of Service

I understand that there is no guarantee that any of the information, applications, or forms provided by Discount Divorce Professionals, LLC. will be accepted by any courts or government agencies. There is no guarantee that I will receive favorable results for which have been applied for. I understand documents and information provided by Discount Divorce Professionals, LLC. do not give me any advantage over documents and information provided by any other legal, paralegal or business information service company, any other attorney, any other financial advisor, etc.

Supplementation Information

I understand that Discount Divorce Professionals, LLC. cannot be held responsible for the veracity and/or reliability of information provided by me or by any third parties (such as agents, attorneys or government entities).

Web Site Content

I understand that comments and other information presented in the Discount Divorce Professionals, LLC. web site are generalizations and may not apply to every situation. Matter included there may not be current and is subject to change without notice. Since Discount Divorce Professionals, LLC. is not an attorney, no attorney client relationship is established by the viewing, use, or communication in any manner through its web site.

Refund Policy

I understand that because work starrs immediately, Discount Divorce Professionals, LLC. does not accept cancellations **THERE ARE ABSOLUTELY NO REFUNDS UNDER ANY CIRCUMSTANCES, OR ANY PART OF A REFUND TO INCLUDE FILING FEES AND PROCESS SERVICE FEES.** All fees are earned when paid. If I choose to stop my divorce or other action/documents I will not be entitled to any refund of any part of my fees, under any circumstances. This includes court costs, process service and all other fees.

Payment Policy

I understand that when I submit my credit card information over the Internet, phone, or in Discount Divorce Professionals, LLC. office, this is assumed to be a credit card authorization for the service requested, the same as if I had personally signed a credit card receipt. An additional credit card authorization (requiring a signature to be returned by fax or mail) may or may not be required, at Discount Divorce Professionals, LLC.'s discretion.

I understand that if I do not pay in full at my initial appointment then Discount Divorce Professionals, LLC. will charge my credit/debit card on the agreed upon dates and that I cannot change those dates for any reason. Furthermore, if any payment becomes past due then there will be a \$25 late fee accrued every 30 days until paid in full. I understand that if I am late on any payment all fees shall be due immediately. Late fees shall not exceed \$100. If there is no schedule of agreed upon dates then any remaining balance is due within 30 days of this "Agreement & Reciept".

I also understand that all payments can be made via the Internet at DiscountDivorceAZ.com as well.

X _____ Date _____
Client's signature

