

How I wish to Live My Life

(This is an advisory document. It does not have the enforceability of a legal document.)

Worksheet Instruction: * Help yourself and others to know what medical treatments are important to you. * Circle the best treatment option for you. * With each condition, consider nothing else is wrong with your health.	Condition A. If I had a condition that threatens my life, but I have a good chance of recovery...	Condition B. If I had a condition that threatens my life, but I have an uncertain chance of recovery....	Condition C. Irreversible If I had a condition that may be treated, but never cured or eliminated that leaves me unable to care for myself for make my own decisions; and that requires life-sustaining treatments to remain alive...	Condition D. Terminal If I had a condition that threatens my life and I will die in 6 months even with life-sustaining treatments.
Treatment Options	“...I would choose the following treatment(s).”			
Surgery	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
Blood Transfusions	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
Chemotherapy / Radiation	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
Electrical assist devices (pacemaker, ICD, etc.)	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
* Life-sustaining medications (e.g. antibiotics, heart medications, etc.)	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
* Fluids via tubes (artificial hydration)	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
* Food via tubes (artificial nutrients)	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
* Kidney dialysis	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
* Breathing machine (ventilator)	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
* Life vest	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure	Yes No Trial+ Not Sure
Examples of each condition:	<ul style="list-style-type: none"> Acute asthma Pneumonia Broken Hip 	<ul style="list-style-type: none"> Stroke with Paralysis on one side of body Cancer 	<ul style="list-style-type: none"> Brain Injury on Breathing Machine Kidney Failure on Dialysis Advanced Alzheimer’s Dementia 	<ul style="list-style-type: none"> Advanced Kidney Failure on Dialysis Advanced Heart Failure End-stage Alzheimer’s Dementia
Desire organ donation?	Yes No			

*These are considered “Life-Sustaining” treatments in the state of Texas pursuant to Texas Health & Safety Code, Chapter 166. Trial is defined as a brief course of treatment to determine a person’s response. In the case of surgical intervention, trial is defined as acceptance of initial surgery with the ability to assess the prudence of additional surgical intervention following the initial surgery.

+Trial: Clinical trials are research studies that explore whether a medical strategy, treatment, or device is safe and effective for humans. These studies also may show which medical approaches work best for certain illnesses or groups of people.

Signature: _____

Date: _____

