



Honoring Choices
MINNESOTA

*Daim Ntawv Qhia Seb Kuv Xav
Tau Kev Kho Mob Li Cas*

*Ua Raws Li Yus Txiaiv Txim hauv Minnesota
Raws li tej kev cai uas cov Neeg Nyob Minnesota thiab Wisconsin yuav tsum coj*

**Kuv Daim Ntawv Qhia Seb Kuv Xav Tau Kev Kho
Mob Li Cas**

Kuv tau ua daim ntawv no tom qab kuv twb xav zoo zoo seb kuv xav tau kev kho mob li cas thiab ntshaw kev tu li cas yog tias kuv hais tsis tau lawm los sis txiaiv txim tsis tau txog kev tej kev kho mob.

Kuv kuj tau xaiv ib tug neeg los sawv cev rau kuv txog kuv tej kev kho mob. Tus neeg sawv cev rau kuv no muaj cai txiaiv txim rau kuv, kuj muaj cai txiaiv txim yig tej kev kho mob uas kuv tsis xav tau. Ib daim ntawv twg uas kuv tau ua yav tas los lawm tsis muaj cai thiab siv tsis tau lawm.

Kuv lub npe: _____

Kuv hnuv yug: _____

Kuv chaw nyob: _____

Kuv naj npawb xov tooj: _____

Kuv naj npawb xov tooj ntawm tes: _____

Lub npe _____

Hnuv tim _____

Qhov 1: Tus Neeg Sawv Kuv Cev Rau Kev Kho Mob

Yog tias kuv tsis muaj cuab kav qhia seb kuv xav li cas thiab txiav txim txog kev kho mob vim kuv muaj mob los sis raug mob, los sis yog tias kuv cov kws kho mob txiav txim tias kuv tsis muaj cuab kav txiav txim txog kuv tej kev kho mob, kuv thiaj li tau xaiv tus neeg nram qab no los sawv cev rau kuv thiab txiav txim txog kuv txoj kev kho mob*, kuj muaj cai txiav txim txog tej kev kho mob uas kuv tsis xav tau. Thaum xaiv ib tug neeg sawv cev rau kuv txoj kev kho mob. Kuv tau xav txog nws lub peev xwm thiab seb nws puas kam txiav txim thiab puas paub seb kuv nyiam li cas hais los txog kuv txoj kev kho mob. Tus neeg no yuav ua raws li kuv siab nyiam txawm tias nws ntxhov siab heev.

Thawj tus neeg uas sawv cev rau kuv tej kev kho mob yog:

Lub npe: _____

Txheeb kuv li cas: _____

Xov tooj (hauv tsev) _____ Xov tooj (ntawm tes) _____

Xov tooj (hauj lwm) _____

Chaw nyob: _____

- Kuv to taub tias tus neeg sawv cev rau kuv ua tsis tau ib tug kws kuaj mob los sis ib tug neeg uas ua hauj lwm rau ib tug kws kho mob uas tab tom tu kuv los sis yog lawv tus poj niam los sis tus txiv, tsuas yog kuv txheeb tus ntawd los ntawm roj ntshav los sis ntawm kev sib yuav, muaj cai nyob ua ke ua ib khub, los sis yog me nyuam ntawm niam txiv qhuav. Yog tias tus neeg uas sawv cev rau kuv yog ib tug neeg kuaj mob los sis ib tug neeg uas ua hauj lwm rau ib tug kws kho mob, kuv tau xaiv nws vim hais tias:*

Yog tias kuv tshem thawj tus neeg uas sawv cev rau kuv txoj cai los sis yog tias thawj tus neeg uas sawv cev rau kuv tsis kam, tsis muaj cuab kav, los sis tsis khoom txiav txim txog kuv tej kev kho mob ces, kuv xav tus neeg thib ob no los sawv cev rau kuv:

Lub npe _____

Hnub tim _____

Tus neeg thib ob uas sawv cev rau kuv tej kev kho mob yog:

Lub npe: _____

Txheeb kuv li cas: _____

Naj npawb xov tooj (hauv tsev) _____ Xov tooj (ntawm tes) _____

Xov tooj (hauj lwm) _____

Chaw nyob: _____

Tus sawv cev rau kuv tej kev kho mob tej kev muaj cai:

Thaum kuv tsis muaj cuab kav hais lus rau kuv tus kheej tus neeg sawv cev rau kuv tej kev kho mob yeej muaj tej cai nram qab no:

- A. Sawv cev txiav txim rau kuv tej kev kho mob. Nov hais txog kev tshem tawm los sis tsis txhob ntxig txoj yas pub mov noj, tej kev kuaj, tshuaj, kev phais thiab kev txiav txim txog kev kho mob yog tias kuv xeeb me nyuam thiab txhua yam kev kho sab paj hlwb, ntxiv rau tej kev kho sab paj hlwb loj heev los sis tej yam tshuaj. Yog tias twb pib kho mob lawm, tus neeg sawv cev rau kuv no muaj cai hais tias xav tau tej kev kho mob ntawd ntxiv mus los sis hais kom tsum tej kev kho mob ntawd raws kuv tau qhia rau nws.
- B. Txhais seb kuv tau qhia li cas hauv daim ntawv no raws li nws to taub tias kuv xav li cas, kuv coj kev cai dab tsi thiab muaj tej kev ntseeg li cas
- C. Tshawb xyuas thiab muab kuv cov ntaub ntawv kho mob thiab tej ntaub ntawv uas qhia txog kuv yog tias xav tau rau kuv tej kev kho mob
- D. Npaj rau kuv tej kev kho mob thiab lwm yam kev kuaj mob hauv Minnesota los sis hauv lwm lub xeev los sis qhov chaw uas nws pom rau. Nov hais txog txoj kev mus pw hauv ib lub tsev laus los sis lwm lub tsev kuaj mob hauv zos.
- E. Txiav txim seb cov kws kho mob thiab cov koom haum twg yuav muab kev kho mob rau kuv

Tej lus los sis tej kev txwv rau cov lus saum toj no (ib yam li cov neeg uas koj xav los sis yuav tsis xav kom pab txiav txim rau koj los sis tej kev tsis pub muaj cai li muaj saum toj rau koj tus sawv cev):

Lwm txoj cai uas tus neeg sawv cev rau kuv tej kev kho mob: (Yog tias kuv xav kom tus neeg sawv cev rau kuv muaj tej cai nram qab no, kuv mam li khij lub npov ntawm kab lus ntawd.)

- Npaj rau thiab txiav txim txog txoj kev tu kuv lub cev tom qab kuv tuag
- Tseem ua tus neeg sawv cev rau kuv tej kev kho mob txawm tias twb xaus, tshem tawm los sis txiav wb txoj kev sib yuav los sis kev ua ib khub neeg tiav tas lawm
- Thaum uas kuv tso cai, ces yeej txiav txim txog kuv txoj kev kho mob txawm tias kuv muaj cuab kav txiav txim los sis tseem hais lus tau rau kuv tus kheej.

Lub npe _____

Hnub tim _____

Daim Ntawv ua ib tug Neeg Sawv Cev rau Kuv Tej Kev Kho Mob

Lus Ceeb Toom rau tus Neeg uas Tab Tom Ua Daim Ntawv No:

Koj muaj cai txiav txim txog txoj kev kho koj tej kev mob kev nkees. Muab tsis tau kev kho mob rau koj yog tias koj tsis kam, thiab lawv tsum tsis tau los sis tshem tsis tau tej kev kho mob uas koj xav tau yog tias koj tsis kam.

Vim hais tias muaj tej lub sij hawm uas koj cov kws kho mob tsis tau paub koj zoo, ces tej zaum lawv tsis paub tias koj muaj tej kev ntseeg zoo li cas thiab coj tej kev cai dab tsi thiab paub tias koj tsev neeg sib raug zoo li cas. Yog li ntawd thiaj yuav muaj teeb meem yog tias koj txiav txim siab tsis tau txog kev kho mob rau koj tus kheej vim koj raug mob los sis muaj teeb meem ntawm sab paj hlwb.

Xwv kom thiaj tsis txhob muaj qhov teeb meem no, koj muaj cai xees npe rau daim ntawv no raws txoj cai uas qhia seb koj xaiv leej twg los ua tus txiav txim txog kev kho mob rau koj yog tias koj tsis muaj cuab kav txiav txim rau koj tus kheej. Tus neeg ntawd thiaj ua tus neeg sawv cev rau koj txoj kev kho mob. Koj yuav tsum nrog tus neeg ntawd los sis cov neeg ntawd tham seb koj xav li cas thiab muaj tej kev ntseeg li cas hais txog tej kev kho mob. Nyob hauv daim ntawv no koj muaj cai sau ntawv qhia seb koj xav tau thiab tsis xav tau tej kev kho mob dab tsi, thiab muaj cai tsa ciam seb tus neeg sawv cev rau koj tej kev kho mob muaj txoj cai loj npaum li cas. Yog tias tus neeg sawv cev rau koj tej kev kho mob tsis paub tias koj xav li cas txog ib txoj kev kho mob twg, ces nws yuav tsum txiav txim seb dab tsi thiaj yuav zoo tshaj rau koj.

Nov yog ib daim ntawv tseem ceeb heev. Nws muab hwj chim rau tus neeg sawv cev txiav txim txog kev kho mob rau koj. Nws tshem lwm txoj cai ua neeg sawv cev rau koj tej kev kho mob uas koj twb tau ua yav tas los lawm. Yog tias koj xav pauv koj Daim Ntawv Tso Cai rau Kev Kho Mob, koj rho tau daim ntawv no thaum twg los tau koj tsuas yuav tau muab daim ntawv no dua, txib thiab ntsia ntsoov lwm tus neeg muab daim ntawv no dua, thaum xees npe thiab sau hnub tseg uas qhia tias koj xav muab rho, los sis hais lus rau ob tug neeg tim khawv tias koj tab tom rho daim ntawv no.

Yog tias koj muab rho, koj yuav tsum qhia tus neeg sawv cev rau koj, koj cov kws kho mob thiab lwm tus neeg uas koj twb muab ib daim ntawv no luam rau lawm. Yog tias tus neeg sawv cev rau koj yog koj tus poj niam los sis tus txiv thiab twb rho neb txoj kev sib yuav los sis neb sib nrauj tom qab twb xees npe rau daim ntawv no, ces txoj kev xaiv koj tus poj niam los sis tus txiv ua tus neeg sawv cev rau koj tej kev kho mob ntawd yuav tsis muaj lawm.

Koj kuj muaj cai siv daim ntawv no qhia tias koj xav muab tej yam ntawm koj lub cev uas siv tau pub pab lwm tus neeg tom qab koj tuag los sis qhia tias koj tsis xav ua li no. Yog tias koj siv daim ntawv no qhia tias koj xav muab tej yam ntawm koj lub cev pub pab lwm tus neeg tom qab koj tuag los sis qhia tias koj tsis xav ua li no, ces daim ntawv no yuav pauv lwm cov ntaub ntawv uas koj tau ua yav tas los lawm chaw. Koj muaj cai rho los sis pauv seb koj xav muab tej yam ntawm koj lub cev pub pab lwm tus neeg yog tias koj cia li khij ib kab ntawv rau ntawm qhov chaw sau qhia txog kev pub tej yam ntawm koj lub cev pub pab lwm tus neeg.

Tsis txhob xees npe rau daim ntawv no yog tias koj tsis to taub daim ntawv no zoo.

Yog ib qho tswv yim zoo yog tias koj yuav muab daim tseem ntawv ntawm daim no rau koj tus kws kho mob khaws cia hauv nws cov ntaub ntawv txog koj.

Lub npe _____
Hnub tim _____

Qhov 2: Kuv Cov Lus Qhia Hais Txog Kev Kho Mob

Kuv xav thiab xaiv li cas txog txoj kev kho kuv tej kev mob kev nkees yog li nram qab no. Kuv thov tus neeg sawv cev rau kuv ua raws li tej lus qhia no, thiab thov kuv cov kws kho mob (thiab/los sis pawg neeg kho mob) kom ua raws li tej no, yog tias kuv tsis muaj cuab kav sib txuas lus lawm. **Kuv tau khij lub npov (box) nram qab no rau txhua yam uas kuv yuav xav tau.**

Lus qhia: Koj tsis tas sau tej lus qhia seb xav tau tej kev kho mob uas pab cawm koj txoj sia li cas, tiam sis tej lus ntawd yuav pab heev. Yog tias koj txiav txim tsis sau, tus neeg sawv cev rau koj tej kev kho mob yuav txiav txim raws li koj tau hais tseg lawm los sis yuav ua qhov uas yuav zoo tshaj rau koj.

1. Tej kev kho mob uas yuav pab rau kuv muaj sia nyob ntev mus

Yog tias kuv tsis muaj cuab kav txiav txim rau kuv tus kheej thiab tej zaum kuv yeej yuav tsis zoo thiab rov qab paub tias kuv yog leej twg (Rau cov neeg uas nyob hauv Wisconsin, yog tias kuv muaj ib yam kab mob uas yuav ua rau kuv tas sim neej los sis yuav feeb tsis meej tas mus li):

- Kuv xav **tsum los sis txiav txhua txoj kev kho mob** uas tab tom pab kuv muaj sia nyob ntev mus. Qhov no hais txog tej yam no tiam sis tsis yog txhij txhua li ua ntxig txoj yas pub mov noj, dai dej rau koj tej leeg ntshav (IV), lub tshuab uas ua pa rau yus, kev cawm tib neeg txoj sia (CPR), thiab tshuaj tua kab mob.

los sis

- Kuv xav tau** txhua txoj kev kho mob uas kuv tus kws kho mob pom hais tias kuv toob kas, los mus txog rau thaum kuv tus kws kho mob thiab tus neeg sawv cev rau kuv ob leeg sib yeem lus hais tias tej kev kho mob tsuas kawj teeb meem ntxiv los sis tsis pab kuv lawm.

Tej lus los sis cov lus qhia rau cov kws kuaj mob:

Lub npe _____
Hnub tim _____

Rau ob qho no, kuv to taub tias kuv tseem yuav tau tej kev pab uas ntaus mob thiab pab ua rau kuv nyiaj tau qhov mob, thiab yuav noj mov thiab haus dej ntawm qhov ncauj yog tias kuv tseem txawj nqos mov haus dej.

2. Kev cawm tib neeg txoj sia (CPR)

CPR yog ib txoj kev kho mob uas pab ua rau lub plawv rov dhia thiab/los sis rov qab ua pa tom qab yus lub plawv twb nres thiab yus tsis ua pa lawm. Tej zaum yuav tau nias lub xub ntiag (sib zog nias ntawm yus lub hauv siab kom lub plawv dhia), txhaj tshuaj, muab fai fab tom, thiab ntxig ib txoj yas ua pa rau yus. Kuv to taub tias CPR yeej cawm tau tib neeg txoj sia. Kuv kuj to taub tias nws pab tsis tshua tau cov neeg uas muaj ib yam kab mob uas kav ntev mus thiab/los sis lawv lub cev khiav tsis zoo lawm. Kuv to taub tias txoj kev zoo mob zoo nkees tom qab lawv ua CPR tas yuav mob heev thiab yuav nyuaj kawg. Yog li ntawd:

- Kuv tsis xav kom lawv ua CPR** rau kuv yog tias kuv lub plawv nres los sis kuv tsum tsis ua pa lawm, tiam sis, kuv xav kom lawv cia kuv tso lub neej no tseg.

los sis

- Kuv xav kom lawv ua CPR tsuas yog** kuv tus kws kho mob txiav txim tias muaj *ib yam twg* nram qab no:

- Kuv muaj ib yam kab mob los sis raug mob uas kho tsis tau thiab kuv tab tom tso lub neej no tseg. los sis
- Kuv yeej yuav tsis ciao yog tias kuv lub plawv nres los sis kuv tsis ua pa lawm. los sis
- Kuv yeej yuav tsis ciao yog tias kuv lub plawv nres los sis kuv tsis ua pa lawm thiab txoj kev kho mob CPR tsuas yuav ua rau kuv haj yam mob ntxiv.

los sis

- Kuv xav kom lawv sim ua CPR** rau kuv yog tias kuv lub plawv nres los sis kuv tsum tsis ua pa lawm.

3. Xav Tau Tej Kev Kho Mob Zoo Li Cas

- Kuv tau sau ntawv qhia seb kuv xav tau tej kev kho mob zoo li cas rau kuv tej kev mob no. Tej lus no piav seb kuv tau xaiv tej kev kho mob zoo li cas. Rau ib txoj kev kho mob twg, kuv to taub tias kuv tseem yuav tau cov tshuaj ntaus mob thiab kev pab ua rau kuv nyiaj kom tau kev mob, thiab yuav noj mov thiab haus dej ntawm qhov ncauj yog tias kuv tseem txawj nqos mov thiab haus dej.

Lub npe _____
Hnub tim _____

Qhov 3: Kuv Cia Siab thiab Xav Tau Li Cas (Yog xav qhia)

Kuv xav kom cov neeg uas kuv hlub paub txog kuv tej kev xav nram qab no:

1. Tej yam hauv lub neej no uas ua rau kuv xav ua neej nyob yog:

2. Kuv ntseeg hais tias yuav tsis xav ua neej nyob lawm yog tias:

3. Kuv tej kev xaiv txog kev kho mob uas kuv xav tau, yog tias muaj (nov hais qhia seb koj xav li cas txog cov tshuab ntxiv pa rau yus, kev lim ntshav, tshuaj tua kab mob, txoj yas pub mov, tej yam li ntawd):

4. Kuv xav li cas txog seb kuv yuav tas sim neej li cas thiab rau qhov chaw twg:

5. Yog tias kuv tab tom yuav tso lub neej no tseg, kuv xav kom cov neeg uas kuv hlub paub tias kuv yuav xav tau tej kev pab no kom nplij kuv lub siab thiab txhawb pab kuv (tej kab ke, kev thov Vajtsww, cov nkauj, lwm yam):

6. Kuv koom txoj kev teev ntuj twg:

Kuv koom txoj kev teev ntuj _____, thiab yog ib tug mej zeej hauv _____ lub koom haum teev ntuj hauv (lub nroog) _____. Thov qhia rau lawv paub yog tias kuv tuag lawm thiab thov lawv los npaj kuv lub ntees tuag/kev pam tuag/kev faus neeg. Yog tias ua tau, kuv xav kom kuv lub ntees tuag muaj tej yam nram qab no (cov neeg, cov nkauj, tej kab ke, lwm yam):

7. Kev pub yus tej plab hnyuv siab raum (txhob sau ib yam dab tsi yog tias koj tsis muaj kev xaiv li cas txog qhov no):

Kuv xav pub kuv ob lub qhov muag, cov nqaij thiab/los sis tej plab hnyuv siab raum, yog tias ua tau. Kuv xav kom ua li no (yog tias ua tau):

Kuv tsis xav pub kuv ob lub qhov muag, cov nqaij thiab/los sis tej plab hnyuv siab raum.

Lub npe _____
Hnub tim _____

8. Lwm txoj kev xav/lus qhia:

Lub npe _____
Hnub tim _____

Qhov 4: Txoj Cai Raws Li Txoj Kev Cai

Nyob hauv Minnesota txoj kev cai, koj yuav tsum xees npe thiab sau hnuv tim tseg rau ntawm ob tug neeg tim khawv los sis ib tug neeg uas muaj cai sau cim hom rau ntaub ntawv. **Cov neeg uas nyob hauv Wisconsin yuav tsum xees npe thiab sau hnuv tim tseg rau daim ntawv no rau ntawm ob tug neeg tim khawv. (Cov neeg pab kev xo sau (social) thiab cov xib hwb yog tib cov neeg kuaj mob ua muaj cai ua tim khawv, hauv Wisconsin.)**

Kuv zoo siab hlo ua daim ntawv no, kuv yeej feeb meej, thiab daim ntawv no qhia seb kuv xav li cas txog kuv tej kev kho mob rau yav tom ntej:

Xees npe: _____ Hnuv tim: _____

Yog tias kuv xees tsis tau kuv lub npe, kuv thov tus neeg ntawmno xees npe rau kuv: _____

Xees npe (ntawm tus neeg uas yus thov xees npe): _____

Hnuv tim: _____

Cov Neeg Tim Khawv cov Lus: Kuv twb ua tim khawv pom lawv xees npe rau daim ntawv no. Kuv lav hais tias kuv tsis raug tsa los ua tus neeg sawv cev rau tej kev kho mob hauv daim ntawv no.

Yog tias kuv yog ib tug neeg kuaj mob los sis ib tug neeg uas ua hauj lwm rau ib tug kws kho mob uas saib xyuas tus neeg saum toj no txoj kev kho mob, kuv yuav tsum sau cov tsiaj ntawv ntawm kuv lub npe: _____. Yuav tsum muaj ib tug neeg tim khawv uas tsis yog ib tug neeg kuaj mob los sis ib tug neeg uas ua hauj lwm rau tus kws kho mob uas pab koj kias thaum hnuv uas sau daim ntawv no. **Neeg tim khawv nyob hauv Wisconsin txheeb tsis tau tus saum toj no los ntawm roj ntshav, kev sib yuav, kev yuav me nyuam ua yus tus los sis kev nyob ua ke ua ib khub, txais tsis tau tus neeg ntawd qub txeeq qub teg los sis ua tsis tau tus neeg uas them nqi rau nws txoj kev kho mob.**

Tus Neeg Tim Khawv Thib Ib:

Xees npe: _____ Hnuv tim: _____

Sau lub npe kom meej _____

Chaw nyob _____

Tus Neeg Tim Khawv Thib Ob:

Xees npe: _____ Hnuv tim: _____

Sau lub npe kom meej _____

Chaw nyob _____

Lub npe _____

Hnuv tim _____

Neeg uas muaj cai sau cim hom rau ntaub ntawv:

Rau ntawm kuv nyob rau _____ (hnuv tim), _____ (lub npe) kuv lav pom nws xees npe rau daim ntawv no los sis lav pom hais tias nws tso cai rau tus neeg uas sawv cev rau nws tau xees npe rau daim ntawv no. Kuv tsis raug tsa los ua tus neeg sawv cev rau tej kev kho mob hauv daim ntawv no.

Tus neeg sau cim hom kev xees npe: _____

Lub cim hom rau ntaub ntawv:

Qhov 5: Qhov Txuas Ntxiv Mus

Nim no koj twb ua koj daim ntawv qhia seb koj xav tau kev kho mob li cas, koj yuav tsum ua tej yam nram qab no thiab.

- Qhia tus neeg uas koj xaiv los ua tus neeg sawv cev rau koj tej kev kho mob, yog tias koj tseem tsis tau qhia rau nws paub.
Nug seb nws puas kam los ua txoj hauj lwm tseem ceeb no rau koj yav tom ntej.
- Muab daim ntawv qhia seb koj xav tau kev kho mob li cas luam rau tus neeg uas sawv cev rau koj tej kev kho mob.
- Nrog lwm cov neeg hauv koj tsev neeg thiab cov phooj ywg tham uas tej zaum yuav nyob ntawd yog tias koj muaj kab mob los sis raug mob loj heev. Yuav tsum qhia rau lawv paub tias koj tau xaiv leej twg los sawv cev rau koj tej kev kho mob, thiab koj xav tau kev kho mob zoo li cas.
- Muab daim ntawv qhia seb koj xav tau kev kho mob li cas rau luam koj tus kws kho mob. Xyuas kom nws paub koj xav li cas thiab kom nws lees hais tias yuav ua li koj lub siab nyiam.
- Khaws ib daim luam txog koj daim ntawv qhia seb koj xav tau kev kho mob li cas hauv ib qho chaw uas yuav nrhiav tau yooj yim.
- Yog koj mus rau hauv ib lub tsev kho mob los sis tsev laus, luam koj daim ntawv qhia seb koj xav tau kev kho mob li cas thiab thov lawv ntxig rau hauv koj cov ntaub ntawv kho mob.
- Tshawb xyuas koj xav li cas txog kev kho mob txhua lub sij hawm lawv kuaj koj ib ce los sis thaum twg muaj tej yam nram qab no:

Lub npe _____
Hnuv tim _____

- Kaum xyoo - thaum pib txhua kaum xyoo tshiab hauv koj lub neej.
- Kev tuag - thaum twg muaj ib tug uas koj hluv tso lub ntiaj teb no tseg.
- Kev sib nrauj - thaum twg koj sib nrauj los yog muaj kev pauv loj hauv koj tsev neeg.
- Kev kuaj - thaum twg lawv hais tias koj muaj ib yam kab mob loj heev.
- Haj yam mob ntxiv - thaum twg ib qho mob uas twb muaj lawm haj yam mob ntxiv los sis raug mob ntxiv, qhov tseem ceeb thaum koj nyob tsis tau koj tus kheej lawm.

Tau muab daim luam ntawm daim ntawv no rau:

Thawj tus Neeg uas Sawv Cev rau Kev Kho Mob – Lub Npe: _____

Xov Tooj: _____ Xov Tooj ntawm Tes: _____

Neeg Thib Ob Sawv Cev rau Kev Kho Mob – Lub Npe: _____

Xov Tooj: _____ Xov Tooj ntawm Tes: _____

Tus Kws Kho Mob/Tsev Kuaj Mob:

Lub Npe: _____ Xov Tooj: _____

Lub Npe: _____ Xov Tooj: _____

Lub Npe: _____ Xov Tooj: _____

Yog tias koj tej kev xav pauv li cas, ua ib daim ntawv tshiab uas qhia seb koj xav tau kev kho mob li cas thiab qhia tus neeg uas sawv cev rau koj, koj tsev neeg, koj tus kws kho mob, thiab txhua tus neeg uas koj tau luam koj daim ntawv qub uas qhia seb koj xav tau kev kho mob li cas.

Lub npe _____
 Hnub tim _____



Health Care Directive

Meets legal requirements for Minnesota and Wisconsin residents

Introduction

I have created this document with much thought to give my treatment choices and personal preferences if I cannot communicate my wishes or make my own health care decisions. I have also appointed a health care agent to speak for me. My agent is able to make medical decisions for me, including the decision to decline treatments that I do not want. Any document created before this is no longer legal or valid.

My name: _____

My date of birth: _____

My address: _____

My telephone number: _____

My cell: _____

Part 1: My Health Care Agent

If I am unable to communicate my wishes and health care decisions due to illness or injury, or if my health care providers have determined that I am not able to make my own health care decisions, I appoint the following person(s) to represent my wishes and make my health care decisions*, including the decision to decline treatments I do not want. When choosing a health care agent I have considered his/her ability to willingly make decisions while being aware of my treatment choices. This person can follow my wishes under times of stress.

Name: _____ Date: _____

My primary (main) health care agent is:

Name: _____

Relationship: _____

Telephone numbers:

(H) _____

(Cell) _____

(W) _____

Address: _____

** I understand that my agent cannot be a health care provider or employee of a health care provider giving direct care to me or their spouse, unless I am related to that person by blood or marriage, registered domestic partnership, or adoption. If my agent is a health care provider or an employee of a health care provider, my reason for choosing him or her is: _____*

If I cancel my primary agent's authority or if my primary agent is not willing, able, or reasonably available to make a health care decision for me, I name as my alternate agent:

Alternate health care agent:

Name: _____

Relationship: _____

Telephone numbers:

(H) _____

(Cell) _____

(W) _____

Address: _____

Name: _____ Date: _____

Powers of my health care agent

My health care agent automatically has all the following powers when I am unable to speak for myself:

- Make choices for me about my medical care. This includes taking out or not putting in tube feedings, tests, medicine, surgery and decisions of treatments if I am pregnant and all types of mental health treatment, including intrusive mental health treatments or medications. If treatment has already begun, my agent can continue it or stop it based on my instructions.
- Interpret any instruction I have given in this form according to his or her understanding of my wishes, values and beliefs.
- Review and release my medical records and personal files as needed for my medical care.
- Arrange for my medical care and treatment in Minnesota or any other state or location he or she thinks is appropriate. This includes nursing homes and community-based residential facilities.
- Decide which health providers and organizations provide my medical treatment.

Comments or restrictions on the above (e.g., persons you would or would not want to be involved in making decisions on your behalf or limitations on the above powers for your agent): _____

Additional powers of my health care agent: *(If I want my agent to have any of the following powers, I will check the box in front of each statement below)*

- Arrange for and make decisions about the care of my body after death.
- Continue as my health care agent even if a dissolution, annulment or termination of our marriage or domestic partnership is in process or has been completed.
- When I so delegate, make health care decisions for me even if I am able to decide or speak for myself.

Name: _____ Date: _____

This page is required for Wisconsin residents only.

Power of Attorney for Healthcare Document

Notice to the Person Making This Document:

You have the right to make decisions about your healthcare. No healthcare may be given to you over your objection, and necessary healthcare may not be stopped or withheld if you object.

Because your healthcare providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your healthcare.

In order to avoid this problem, you may sign this legal document to specify a person who you would want to make healthcare decisions for you if you become unable to make those decisions personally. That person is known as your healthcare agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons you might specify. You may state in this document any types of healthcare that you do or do not desire, and you may limit the authority of your healthcare agent. If your healthcare agent is unaware of your desires with respect to a particular healthcare decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make healthcare decisions for you. It revokes any prior power of attorney for healthcare that you may have made. If you wish to change your Power of Attorney for Healthcare, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement, or by stating that it is revoked in the presence of two witnesses.

If you revoke, you should notify your agent, your healthcare providers and any other person to whom you have given a copy. If your agent is your spouse and your marriage is annulled or you are divorced after signing this document, the designation of your spouse as healthcare agent shall no longer be valid.

You may also use this document to make or refuse to make any anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift you may have made. You may revoke or change any anatomical gift that you make in this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it.

It is suggested that you keep the original of this document on file with your physician.

This page is required for Wisconsin residents only.

Name: _____ Date: _____

Part 2: My Health Care Instructions

My choices and preferences for my health care are as follows. I ask my agent to represent them, and my doctors (and/or health care team) to honor them, should I become unable to make my own health care decisions or communicate my wishes. *I have checked the box below for the option I prefer for each circumstance.*

Note: You do not need to provide written instructions about treatments to extend your life, but it is helpful to do so. If you choose not to, your health care agent will make decisions based on your spoken directions or on what is considered to be in your best interest.

1. Treatments to prolong my life:

If I reach a point where I can no longer make decisions for myself and it is reasonably certain that I will not recover my ability to know who I am (For Wisconsin residents, if I have a terminal condition or am in a persistent vegetative state):

I want to **stop or withhold all treatments** that are prolonging my life. This includes but is not limited to tube feedings, IV (intravenous) fluids, respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), and antibiotics.

or

I **do want** all appropriate treatments recommended by my doctor, until my doctor and agent agree that such treatments are harmful or no longer helpful.

Comments or directions to health care providers:

With either choice, I understand I will continue to receive pain and comfort medicines, as well as food and fluids by mouth if I am able to swallow.

Name: _____ Date: _____

2. Cardiopulmonary resuscitation. CPR is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. It may include chest compressions (forceful pushing on the chest to make the heart contract), medicines, electrical shocks, and a breathing tube. I understand that CPR can save a life. I also understand that it does not work as well for people who have chronic (long-term) diseases and/or impaired functioning. I understand that recovery from CPR can be painful and difficult. Therefore:

I do not want CPR attempted if my heart or breathing stops, but rather, want to permit a natural death.

or

I want CPR attempted unless my doctor determines any of the following:

- I have an incurable illness or injury and am dying; or
- I have no reasonable chance of survival if my heart or breathing stops, or
- I have little chance of long-term survival if my heart or breathing stops and the process of resuscitation would cause significant suffering

or

I want CPR attempted if my heart or breathing stops.

3. Treatment Preferences.

I have attached treatment preferences for my specific health condition(s). These statements describe my treatment choices. With any treatment choice, I understand I will continue to receive pain and comfort medicines, as well as foods and fluids by mouth if I am able to swallow.

Name: _____ Date: _____

Part 3: My Hopes and Wishes (Optional)

I want my loved ones to know my following thoughts and feelings:

1. The things that make life most worth living to me are:

2. My beliefs about when life would be no longer worth living:

3. My choices about specific medical treatments, if any (this could include your wishes regarding ventilators, dialysis, antibiotics, tube feedings etc.):

4. My thoughts and feelings about how and where I would like to die:

Name: _____ Date: _____

5. If I am nearing my death, I want my loved ones to know that I would appreciate the following for comfort and support (rituals, prayers, music, etc.):

6. Religious affiliation

I am of the _____ faith, and am a member of _____ faith community in (city) _____. Please attempt to notify them of my death and arrange for them to provide my funeral/memorial/burial. I would like to include in my funeral, if possible, the following (people, music, rituals, etc.):

7. Organ donation (leave blank if you have no preference).

I do want to donate my eyes, tissues and/or organs, if able. My specific wishes (if any) are:

I do not want to donate my eyes, tissues and/or organs.

8. Other wishes/instructions:

Name: _____ Date: _____

Part 4: Legal Authority

Under Minnesota law, you must have this document signed and dated in the presence of two witnesses or a notary public. **Wisconsin residents must have this document signed and dated in front of two witnesses. (Social workers and chaplains are the only health care providers who can witness in Wisconsin.)**

I have made this document willingly, I am thinking clearly, and this document expresses my wishes about my future health care decisions:

Signature: _____ **Date:** _____

If I cannot sign my name, I ask the following person to sign for me:

Signature (of person asked to sign): _____

Statement of Witnesses:

I personally witnessed the signing of this document, and I certify that I am not appointed as a health care agent in this document.

If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this line: _____.

At least one witness cannot be a provider or an employee of the provider giving direct care on the day this document is signed. **Wisconsin witnesses cannot be related to the person listed above by blood, marriage, adoption or domestic partnership, cannot have a claim on the person's estate or be directly financially responsible for their health care.**

Witness Number One:

Signature _____ Date _____

Print name _____

Address _____

Witness Number Two:

Signature _____ Date _____

Print name _____

Address _____

Name: _____ Date: _____

or

Notary Public:

In my presence on _____ (date), _____
(name) acknowledged his or her signature on this document or acknowledged
that he or she authorized the person signing this document to sign on his or her
behalf. I am not named as a health care agent in this document.

Signature of notary: _____

Notary stamp:

Part 5: Next Steps

Now that you have completed your health care directive, you should also take
the following steps.

- Tell the person you named as your health care agent, if you haven't already
done so. Make sure he or she feels able to perform this important job for you
in the future.
- Give your health care agent a copy of your health care directive.
- Talk to the rest of your family and close friends who might be involved if
you have a serious illness or injury. Make sure they know who your health
care agent is, and what your wishes are.
- Give a copy of your health care directive to your doctor. Make sure your
wishes are understood and will be followed.
- Keep a copy of your health care directive where it can be easily found.
- If you go to a hospital or nursing home, take a copy of your health care
directive and ask that it be placed in your medical record.
- Review your health care wishes every time you have a physical exam or
whenever any of the "Five D's" occur:

Name: _____ Date: _____

Decade – when you start each new decade of your life.

Death – whenever you experience the death of a loved one.

Divorce – when you experience a divorce or other major family change.

Diagnosis – when you are diagnosed with a serious health condition.

Decline – when you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.

Copies of this document have been given to:

Primary (Main) Health Care Agent

Name: _____

Telephone: _____

Cell: _____

Alternate Health Care Agent

Name: _____

Telephone: _____

Cell: _____

Health Care Provider/Clinic

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Name: _____

Telephone: _____

If your wishes change, fill out a new health care directive form and tell your agent, your family, your doctor, and everyone who has copies of your old health care directive forms.

Name: _____ Date: _____