This form has 3 parts. It lets you:

**Part 1:** Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

**Part 2:** Make your own health care choices.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

**Part 3:** Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both. Always sign the form on page E9.

2 witnesses need to sign on page E10 or a notary public on page E11.
如果您只想指定醫療代理人，請翻到英文第3頁(E3)第一部份。
If you only want a health care agent, go to Part 1 on page E3.

如果您只想自行選擇醫療決定，請翻到英文第6頁(E6)第二部份。
If you only want to make your own health care choices, go to Part 2 on page E6.

如果您希望兩項都指定，請填寫第一部份和第二部份。
If you want both, then fill out Part 1 and Part 2.

请您務必記得在英文第9頁(E9)第三部份簽名。
Always sign the form in Part 3 on page E9.

兩位見證人需在英文的第十頁(E10)簽名，或由一位公證人在英文的第十一頁(E11)簽名。
2 witnesses need to sign on page E10 or a notary public on page E11.

○ 填妥指示書後，該如何處理？
What do I do with the form after I fill it out?

請將指示書影本給：
Share the form with those who care for you:
- 醫生 doctors
- 護士 nurses
- 社工 social workers
- 家人和朋友 family & friends
- 醫療代理人 health care agent

○ 如果我改變主意，該怎麼辦？
What if I change my mind?

- 重新填寫一份指示書。Fill out a new form.
- 把修改的內容告訴照顧您的人。Tell those who care for you about your changes.
- 把新的指示書給您的醫療代理人和醫生。Give the new form to your health care agent and doctor.

○ 如果對指示書有疑問，該怎麼辦？
What if I have questions about the form?

- 把指示書拿給您的醫生、護士、社工人員、醫療代理人、家人或朋友，由他們為您解答。
  Bring it to your doctors, nurses, social workers, health care agent, family or friends to answer your questions.

○ 如果本指示書沒有我想要的醫療決定，該怎麼做？
What if I want to make health care choices that are not on this form?

- 請將您的意願寫在一張紙上。
  Write your choices on a piece of paper.
- 習好後和指示書放在一起。
  Keep the paper with this form.
- 與醫護人員及親友們討論附頁內容。
  Share your choices with those who care for you.
我應該選擇誰當我的醫療代理人？
Whom should I choose to be my health care agent?

符合下列條件的家人或朋友：
A family member or friend who:

- 年滿 18 歲
  is at least 18 years old
- 非常了解您
  knows you well
- 有需要時可聯絡到您
  can be there for you when you need them
- 您信任會為您作最好的決定
  you trust to do what is best for you
- 能告訴醫生您在指示書中所做的決定
  can tell your doctors about the decisions you made on this form

您的醫療代理人不可以是您的醫生、醫院或診所的工作人員，除非他(她)是您的家人。
Your agent cannot be your doctor or someone who works at your hospital or clinic, unless he/she is a family member.

如果我沒有選擇醫療代理人，會發生什麼狀況？
What will happen if I do not choose a health care agent?

當您重病而不能自己做決定時，醫生會請您最親的家屬為您做決定。
If you are too sick to make your own decisions, your doctors will ask your closest family members to make decisions for you.

如果您希望由親屬以外的人當您的代理人，必須把他(她)的名字寫在指示書裡。
If you want your agent to be someone other than family, you must write his or her name on this form.

我的醫療代理人可以做什麼樣的決定？
What kind of decisions can my health care agent make?

他(她)可以為您同意、拒絕、改變、停止或選擇：
Agree to, say no to, change, stop or choose:

- 醫生、護士、社工   doctors, nurses, social workers
- 醫院或診所    hospitals or clinics
- 藥物、檢測，或治療   medications, tests, or treatments
- 如何處理您的遺體與器官   what happens to your body and organs after you die

您的醫療代理人需要遵照您在第二部份中的醫療意願。
Your agent will need to follow the health care choices you make in Part 2.

Go to the next page
Life support treatments – medical care to try to help you live longer

- **Cardiopulmonary resuscitation (CPR)**
  - **cardio** = 心臟 (heart)
  - **pulmonary** = 肺臟 (lungs)
  - **resuscitation** = 復甦 (to bring back)

  **Includes:**
  - 用力擠壓胸膛，使心臟維持輸送血液功能
  - 透過電擊讓心臟再度跳動
  - 把藥物注射到靜脈裡

  This may involve:
  - pressing hard on your chest to keep your blood pumping
  - electrical shocks to jump start your heart
  - medicines in your veins

- **Breathing machine or ventilator**

  呼吸輔助器把氧氣輸入肺部，協助病人呼吸。使用期間病人不能說話。

  The machine pumps air into your lungs and breathes for you.
  You are not able to talk when you are on the machine.

- **Dialysis**

  腎臟功能喪失時，用洗腎機來過濾血液。

  A machine that cleans your blood if your kidneys stop working.

- **Feeding Tube**

  病人無法吞嚥時要靠餵食管來進食。餵食管可從喉嚨插入胃部，或以手術置入餵食管。

  A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach. It can also be placed by surgery.

- **Blood transfusions**

  從靜脈輸入血液。

  To put blood in your veins.

- **Surgery**

- **Medicines**

**End of life care – if you might die soon your health care agent can:**

- 邀請宗教輔導員到場
call in a spiritual leader

- 決定在家裡或在醫院離世
decide if you die at home or in the hospital
Your Health Care Agent

I want this person to make my medical decisions. Write this on page E5.

[Field: first name]
[Field: last name]
[Field: street address]
[Field: city]
[Field: state]
[Field: zip code]
[Field: home phone number]
[Field: work phone number]

If the first person cannot do it, then I want this person to make my medical decisions.

[Field: first name]
[Field: last name]
[Field: street address]
[Field: city]
[Field: state]
[Field: zip code]
[Field: home phone number]
[Field: work phone number]

Put an X next to the sentence you agree with. Mark this on page E5.

- [ ] 只有在我無法自己做決定時，才能替我做決定。
  My health care agent will make decisions for me only after I cannot make my own decisions.

Select the sentences you agree with. Mark this on page E5.

- [ ] 在我簽署這份指示書後，我的醫療代理人就可以替我做決定。
  My health care agent can make decisions for me right after I sign this form.

Note: Pages E1-E4 contain educational materials only.
If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.

Think about what makes your life worth living.

My life is only worth living if I can:

- talk to family or friends
- wake up from a coma
- feed, bathe, or take care of myself
- be free from pain
- live without being hooked up to machines
- I am not sure

Is religion or spirituality important to you?

- no
- yes

If you have one, what is your religion?

What should your doctors know about your religion or spirituality?

Write down your choices so those who care for you will not have to guess. Write your answers on page E6.
If I am so sick that I may die soon:

Try all life support treatments that my doctors think might help.

If the treatments do not work and there is little hope of getting better, I want to stay on life support machines.

If I am so sick that I may die soon:

Try all life support treatments that my doctors think might help.

If the treatments do not work and there is little hope of getting better, I do not want to stay on life support machines.

Mark what you do not want.

Make your answers on page E7.
Your doctors may ask about organ donation and autopsy after you die.

Please tell us your wishes.

Put an X next to the one choice you most agree with.

Mark your answers on page E8.

Donate (giving) your organs can help save lives.

- I want to donate my organs.
- I do not want to donate my organs.
- Which organs do you want to donate?
  - Any organ
  - Only ____________________________
- I want my health care agent to decide.
- I am not sure.

An autopsy can be done after death to find out why someone died.

It is done by surgery. It can take a few days.

- I want an autopsy.
- I do not want an autopsy.
- I want an autopsy if there are questions about my death.
- I want my health care agent to decide.
- I am not sure.

What should your doctors know about how you want your body to be treated after you die?
PART 3 Sign the form on page E9

要指示書生效，您必須： Before this form can be used, you must:

・在指示書英文第九頁(E9)上簽名 Sign the form on page E9.

・請兩位見證人在英文的第10頁上(E10)簽名 Have two witnesses sign on page E10.

如果沒有見證人，您必須要有一位公證人在英文的第11頁(E11)簽名。 If you do not have witnesses, a notary public must sign on page E11.

公證人的職責是確定指示書由你本人簽署。 A notary public's job is to make sure it is you signing the form.

請在英文第九頁(E9)上簽名並註明簽署日期。 Sign your name and write the date on page E9.

簽名 (sign your name) 日期 (date)

名字 (正楷書寫名字) (print your first name) 姓氏 (正楷書寫姓氏) (print your last name)

地址 (address) 城市 (city) 州 (state) 郵區號碼 (zip code)

您的見證人必須： Your witnesses must:

・年滿18歲 be over 18 years of age
・認識 you know
・親眼看到您在指示書上簽名 see you sign this form

見證人不可以： Your witnesses cannot:

・是您的醫療代理人 be your health care agent
・是您的護理人員 be your health care provider
・在您接受醫療服務的單位內工作 work for your health care provider
・在您居住的地方工作 (如果您住在療養院，請翻到英文第12頁(E12)) work at the place that you live (if you live in a nursing home go to page E12)

而且，一位見證人不能： Also, one witness cannot:

・與您有任何親屬關係 be related to you in any way
・在您去世後得到財政上的利益 (得到金錢或財產) benefit financially (get any money or property) after you die

見證人必須在英文第十頁(E10)上簽名。 Witnesses need to sign their names on page E10.

如果您沒有見證人，請帶著本指示書由公證人在英文的第11頁(E11)上簽名。 If you do not have witnesses, take this form to a notary public and have them sign on page E11.
Please have your witnesses sign their names and write the date on page E10.

By signing, I promise that ________ (name) ________ signed this form while I watched.

He/she was thinking clearly and was not forced to sign it.

I also promise that:

- I know him/her or this person could prove who he/she was
- I am 18 years or older
- I am not related to him/her by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after he/she dies

You are now done with this form.
CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California
County of __________

On __________ before me, ____________________________, personally appeared __________

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature ________________________________

Signature of Notary Public

Description of Attached Document
Title or Type of document: ____________________________
Date: ____ Number of pages: ________

Capacity(ies) Claimed by Signer(s)
Signer’s Name: ____________________________
□ Individual
□ Guardian or conservator
□ Other ____________________________

Right Thumprint of Signer
Top of thumb here

(Notary Seal)
Give this form to your nursing home director only if you live in a nursing home.

California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.

STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

“I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.”

(sign your name) (date)

(print your first name) (print your last name)

(address) (city) (state) (zip code)