

5 Wishes

WISH 1 The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself

WISH 2 The Kind of Medical Treatment I Want Or Don't Want

WISH 3 How Comfortable I Want To Be

WISH 4 How I Want People To Treat Me

WISH 5 What I Want My Loved Ones to Know

What is Five Wishes?

It is a living will that talks about your personal needs as well as your medical wishes. It lets you choose the person you want to make healthcare decisions for you if you are not able to make them for yourself. Five Wishes lets you say exactly how you wish to be treated if you get seriously ill.

Easy To Use

Five Wishes is easy to use. All you have to do is check a box or write a few sentences.

What if I already have a living will or a durable power of attorney for health care?

If you want to use Five Wishes instead, all you need to do is fill out and sign a Five Wishes document. As soon as you sign it, it takes away any advance directive you had before.

To Make Sure The Right Form is Used

1. Destroy all copies of your old living will or durable power of attorney for health care – or
2. Write "REVOKED" in large letters across the copy you have.
3. Tell your lawyer if he or she helped prepare the old forms for you – and
4. Tell your Health Care Provider, family members and doctor that you have filled out the new Five Wishes.
5. Make sure they all know about your new wishes.
6. Sign the Five Wishes form. Make sure you sign your Five Wishes form in the presence of two witnesses.

What To Do After You Complete Five Wishes

1. Make sure you sign and witness the form so your Five Wishes will be legal and valid.
2. Talk about your wishes with your health care agent, family members and others who care about you.
3. Give them copies of your completed Five Wishes.
4. Keep the original copy you signed in a safe place in your home. (Do NOT put it in a safe deposit box. Keep it nearby so someone can find it when you need it).
5. Fill out a small wallet card and carry it with you so people will know where you keep your Five Wishes:

Five Wishes Wallet Card

Important Notice to Medical Personnel: I have a Five Wishes Advance Directive	My primary care physician is:
_____	_____
Signature	Name
Please consult this document and/or my Health Care Agent in an emergency. My Agent is:	Address _____ City/State/Zip _____
_____	Phone _____
Name	My document is located at: _____
Address _____ City/State/Zip _____	_____
Phone _____	_____

6. Talk to your doctor and give your doctor a copy of your Five Wishes.
7. Make sure it is put in your medical record.
8. Be sure your doctor understands your wishes and is willing to follow them.
9. Ask him/her to tell other doctors who treat you to honor your Five Wishes.

If you are admitted to a hospital or nursing home, take a copy of your Five Wishes with you. Ask that it be put in your medical record.

10. I have given the following people copies of my completed Five Wishes:

TO ORDER the FIVE WISHES FORM:
Call 1-888-5-WISHES 1-888-594-7437
Go to: www.agingwithdignity.org