

Advance Directive Planning Worksheet

Advance Directive

An Advance Directive is a written plan that names your Healthcare Agent and allows you to provide instructions for healthcare treatments based upon your values and what is important to you.

Durable Power of Attorney for Healthcare

This document allows you to name individuals (Healthcare Agents) you choose to make medical decisions on your behalf if you are unable to communicate or decisions about your medical care.

Living Will

This part of your Advance Directive includes your choices about any life-sustaining medical treatments you want or don't want during a medical crisis or at the end of life.

POST

Physician Orders for Scope of Treatment form, also called a POST, includes medical orders for people with a serious illness or nearing end of life. It must be signed by you and your healthcare provider.

For more information about creating an Advance Directive, contact your healthcare team or visit the Idaho Healthcare Directive Registry at the Department of Health and Welfare.

✉ IHDR@dhw.idaho.gov

☎ 208-334-5501

This worksheet is optional and may help you answer the questions on your Advance Directive document, but it is not a part of your Advance Directive.

[Information for Durable Power of Attorney for Healthcare \(Advance Directive page 1\)](#)

If I am unable to make healthcare decisions for myself (temporary or permanent), I want these individuals to make decisions on my behalf. These are my Healthcare Agents. (Please include their full name, address, and phone number.)

- 1) _____
- 2) _____
- 3) _____

[Information for the Living Will \(Advance Directive page 4\):](#)

If my doctor told me I was going to die in hours or days (like from a bad stroke or injuries in a car crash), I want to be:

- _____ At home with end of life care and a focus on comfort care.
- _____ In the hospital getting food and liquids through tubes.
- _____ In the Intensive Care Unit connected to life support machines.

[Information for the Living Will's "Special Provisions \(Optional\)" \(Advance Directive page 5\):](#)

If I have a serious illness like a bad stroke or am hurt badly in a car crash, cannot think clearly, recognize my family, and need full time care in a nursing home,

- I would prefer to be made comfortable.
- I would want all medical treatments given to me.

[Information for Living Will "Idaho POST Form Verification" \(Advance Directive page 8\):](#)

Physician Orders for Scope of Treatment (POST) is form that contains specific medical orders for individuals with a serious illness. A completed form must be signed by a physician, advanced practice professional nurse, or physician assistant and you. I have a completed Idaho POST form:

- Yes
- No
- I am not sure