

Filling Out The Forms

Health Form: Please PRINT all areas

Name/ Date of Birth/ Address/ Height/ Weight/ Blood Type (if Known)

Known health conditions: examples

show condition and year first diagnosed
diabetes 1982
hypertension 1985
heart attack nov 1990

surgeries and month (if known) and year
toncillectomy 1960
appendectomy june 1964
gall bladder may 1975

Daily medications including Over The Counter and dosage: examples

amaryl 2mg 1x
synthroid .2mg 1x
celebrex 200mg 2x

tums 2 tabs 2-3x
aspirin 81mg 1x

Known Allergies: examples: penicillin, novacaine, adhesive

Doctors: your primary Physician plus any specialist you see frequently:
examples: Cardiologist, Oncologist, Gynecologist

Name of person to contact in case of emergency : fill in all information

Insurance Info: fill in only pertinent info

Health Care Proxy: Please PRINT all areas except signatures

1.) I, (your name), hereby appoint (full info) etc.....
-You may choose anyone over the age of 18. Make sure they are aware of your decision to make them your proxy and discuss with them your exact wishes. You will be making all your own decisions until such time you are not able to then this proxy comes into effect.

2.) You will fill in your special instructions which may include instructions on:
Artificial respiration - artificial nutrition and hydration - cardiopulmonary resuscitation - antipsychotic medication - electric shock therapy - antibiotics - psychosurgery - dialysis - transplantation - blood transfusions OR having fully discussed so write in:
-My agent is aware of my wishes.

3.) Name of a substitute agent: optional, not necessary, but recommended.

4.) Proxy dates: write in a specific date OR write in: Indefinitely

5.) You must sign and date and have two witnesses over 18 sign this form for it to be valid.

You should make copies for: one for your records, one for each of your health care agent(s), one for each of your physician(s), and one to any health care facility you enter for treatment.