

Instructions:

- Provide information on your medical advance directives for each category.
- Collect only the information that applies to you.
- **Provide copies to the individuals who are part of your Advance Directive plan.**
- File your original documents separate from copies and with this form.

For a helpful guide on Advance Directives, please visit www.csa.us/AdvanceDirectivesGuide

Power of Attorneys – List the name and phone of the person who fulfils these roles for you.

For a quick overview on Power of Attorney, please visit www.csa.us/PowerofAttorneyGuide

Medical Power of Attorney

Name: _____ Phone: _____

Location of the original document: _____

Durable Medical Power of Attorney

Name: _____ Phone: _____

Location of the original document: _____

Legal Power of Attorney: see the Important Legal Documents form (www.csa.us/LegalDocuments)

Health Care Directives – List the location of these documents.

Do Not Resuscitate (DNR) order – In-Hospital, Out-of-Hospital

Location of original document: _____

Organ Donor card

Location of original document: _____

Five Wishes (www.agingwithdignity.org)

Location of original document: _____

Psychiatric advance directive

Location of original document: _____

Other: _____

Location of original document: _____

Contacts – List contacts who would be helpful with your advance directives.

Attorney (medical): _____ Phone: _____

Physician: _____ Phone: _____

Emergency Contacts and Next of Kin: see the Emergency Contacts Form (www.csa.us/EmergencyContactsForm)