My Advance Directive

An Advance Directive is a form that helps you say what you would want if you ever became too sick to make choices for yourself. It lets you do two important things.

1. It lets you name who you would want to speak for you if you cannot make choices for yourself.

2. It also lets you tell your family, the hospital, and health care providers what kind of medical care you would want if you became ill.

Your advance directive would only be used if you are unable to make choices for yourself about your medical decisions.

You don’t have to use this form. You can also change any paragraph or word of this form, or add to it. If you use this form, be sure to sign it and date it. You are also free to use a different form. You can find other Advance Directive forms on the internet.

You don’t have to use any form. If you have not picked someone yourself, New Mexico law allows a family member to make healthcare decisions for you. The law appoints family members in this order:

1. Spouse
2. Significant other
3. Adult child
4. Parent
5. Adult brother or sister
6. Grandparent

If no family member is available, a close friend can make healthcare decisions.

This Advance Directive form is one way you can put your wishes into writing. If you choose to use it, it may be helpful to talk about it with your provider and your family. Please give a copy of this form to family and to any hospital or care provider so they can put it in your medical records.

If you change your mind, you can cancel or change the form at any time.

More on next page
**Part 1: Your Health Care Agent or Agents**

I name this person to speak for me to make health care decisions if I can’t make choices for myself.

<table>
<thead>
<tr>
<th>Name of person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Cell phone</td>
<td>Work phone</td>
</tr>
</tbody>
</table>

You can name more than one person to be an agent who can make health care decisions for you.

**Your Second Health Care Agent (optional)**

<table>
<thead>
<tr>
<th>Name of person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Cell phone</td>
<td>Work phone</td>
</tr>
</tbody>
</table>

**Your Third Health Care Agent (optional)**

<table>
<thead>
<tr>
<th>Name of person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Cell phone</td>
<td>Work phone</td>
</tr>
</tbody>
</table>

More on next page
Don’t forget to sign your name on the next page.
Part 2: Medical Decisions

I have made these medical decisions.
I have put a check in front of my choices.

Artificial Nutrition (nutrients in fluid given through a tube in the stomach or through an IV)

☐ I want to be fed through a tube when I can no longer eat.
☐ I do not want to be fed through a tube when I can no longer eat.
☐ I choose to let my health care agent decide for me.

Artificial Hydration (fluid given through an IV)

☐ I want to have fluid given to me when I can no longer drink.
☐ I do not want to have fluid given to me when I can no longer drink.
☐ I choose to let my health care agent decide for me.

Intubation (breathing tube down the windpipe)

☐ I want to have a tube put in my mouth or nose and down my windpipe to help me breathe if I can no longer breathe on my own.
☐ I do not want to have a tube put in my mouth or nose and down my windpipe to help me breathe if I can no longer breathe on my own.
☐ I choose to let my health care agent decide for me.

Cardiopulmonary Resuscitation (CPR)

☐ I want my health care team to try CPR if my heart and lungs stop working. CPR includes electric shocks, chest compressions (pressing on my chest), medicines, and intubation.
☐ I do not want the health care team to try to start my heart or my breathing if they stop working. This is called DNR or Do Not Resuscitate.
☐ I choose to let my health care agent decide for me.

You can add other wishes to this form if you would like.

Your Signature

Date