






OUTLINE FOR OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE PLANNING

Name: _____

	ALL (Green)  I direct that I be given life- sustaining treatment, including ; and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration. <i>Time Limit Option</i>	SOME (Yellow)  I direct that my life not be extended by life-sustaining treatment, including except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration. <i>Time Limit Option</i>	NONE (Red)  I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration..
<input checked="" type="checkbox"/> One Choice Per Row			
TERMINAL CONDITION I have an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months (e.g., cancer, AIDS, etc.).	<input type="checkbox"/> YES - life support, tube feedings and hydration	<input type="checkbox"/> NO - life support and YES - tube feedings and hydration	<input type="checkbox"/> NO - life support, tube feedings and hydration
PERSISTENTLY UNCONSCIOUS I have an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent. (e.g. Comatose)	<input type="checkbox"/> YES - life support, tube feedings and hydration	<input type="checkbox"/> NO - life support and YES - tube feedings and hydration	<input type="checkbox"/> NO - life support, tube feedings and hydration
END-STAGE CONDITION I have a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective (e.g., end-stage liver disease, Alzheimer's, etc.).	<input type="checkbox"/> YES - life support, tube feedings and hydration	<input type="checkbox"/> NO - life support and YES - tube feedings and hydration	<input type="checkbox"/> NO - life support, tube feedings and hydration
OTHER Here you may: [a] describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn; [b] give more specific instructions about your wishes; and/or [c] state, in your own words, that during a course of pregnancy, if applicable, you specifically authorize that life-sustaining treatment, including artificially administered hydration and/or nutrition be withheld or withdrawn.	Additional Instructions and Comments  <input type="checkbox"/> Yes, but no longer than ____ Days	Additional Instructions and Comments  <input type="checkbox"/> Yes, but no longer than ____ Days	Additional Instructions and Comments

