

# LIFECARE

## ADVANCE DIRECTIVES OF GUAM CHECKLIST AND SCORING

<b>LIVING WILL DECLARATION</b>		
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status / Potential Score Values:</u></b>	<b><u>Score:</u></b>
1. <i>(Introduction only)</i>	N/A	N/A
2. Instructions Deferred <i>(if yes, skip to #42).</i>	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4. <i>(Information only)</i>	N/A	N/A
5. <i>(Instructions only)</i>	N/A	N/A
6. “Current” <i>(evaluate case-by-case)</i>	N/A	N/A
7. “Terminal”	Yes/Undecided (20); No (80)	_____
8. “Home”	Yes ____ / No ____	N/A
9. “Hospice”	Yes ____ / No ____	N/A
10. “Delaying”	Yes/Undecided (6); No (94)	_____
11. “Vegetative”	Yes/Undecided (3); No (97)	_____
12. “Severe damage”	Yes/Undecided (4); No (96)	_____
13. “Infant-like”	Yes/Undecided (3); No (97)	_____
14. “Child-like”	Yes/Undecided (20); No (80)	_____
15. “Mind fail”	Yes/Undecided (20); No (80)	_____
16. “Personal care”	Yes/Undecided (25); No (75)	_____
17. “Pain”	Yes/Undecided (15); No (85)	_____
18. “Machines”	Yes/Undecided (20); No (80)	_____
19. “Overall function” <i>(score first entry only)</i>	Yes (65); Left Blank (35)	_____
20. “Facility”	Yes/Undecided (20); No (80)	_____
21. “Family pay” <i>(options)</i>	N/A	N/A

22. "Also wish"	Defer/Blank (30); Stop (70)	_____
23. "Family care" (options)	N/A	N/A
24. "Also wish"	Defer/Blank (20); Stop (80)	_____
25. ( <i>Information only</i> )	N/A	N/A
26. "Certain"	Positive (25); High (50); Reasonably (75)	_____
27. "Second"	N/A	N/A
28. "Conflict"	Prolong (20); Stop (80)	_____
29. ( <i>Information only</i> )	N/A	N/A
30. "Artificial"	Include (70); Unsure/Not (30)	_____
31. "Double"	Limited/Unsure (10); Full (90)	_____
32. "Personal/Religious" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
33. "Organ/Tissue" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
34. "Postponed" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
35-37. "Review"	Yes _____ / No _____	N/A
38. "Limitations"	Yes _____ / No _____	N/A
39. "Statement" ( <i>information only</i> )	N/A	N/A
40. "Signed"	Yes _____ / No _____	N/A
41-43. "Witnesses" ( <i>two entries</i> )	Yes _____ / No _____	N/A
44-45. ( <i>Instructions only</i> )	N/A	N/A
46. Advocate Required/Signed	Yes _____ / No _____	N/A
47. ( <i>Instructions only</i> )	Yes _____ / No _____	N/A
48. Copies Locations Completed	Yes _____ / No _____	N/A
	TOTAL SCORE	_____



**HEALTH CARE POWER OF ATTORNEY  
 ~ NAMING A HEALTH CARE AGENT**

<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status:</i></b>
1. (Introduction only)	N/A
2. Name Entered	Yes ____ / No ____
3. Intent to Appoint	Yes ____ / No ____
4. Appointment Name Entered	Yes ____ / No ____
5. (Instructions only)	N/A
6. First Alternate Named	Yes ____ / No ____
7. Second Alternate Named	Yes ____ / No ____
8. (Instructions only)	N/A
9. Guardian/Conservator Nominated	Yes ____ / No ____
10. Primary MD Nominated	Yes ____ / No ____
11. Alternate MD Nominated	Yes ____ / No ____
12. Authorities Granted	_____ of 17 Indicated
13-16. (Instructions only)	N/A
17. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes ____ / No ____
18. Agent Authorization Re: Comfort Care Medications Decisions	Yes ____ / No ____
19. Agent Decision-Making Latitude	Yes ____ / No ____
20. Agent Visitation Authority	Yes ____ / No ____
21. Specific Persons Limited	Yes ____ / No ____
22-25. Agent Authority Limitations	Yes ____ / No ____
26. Agent Consult Options Indicated	Yes ____ / No ____
27. Specific Agent Consults Selected	Yes ____ / No ____
28. Activation of Powers	Yes ____ / No ____
29. Document Expires	Yes ____ / No ____
30. (Instructions only)	N/A

31. <i>(Instructions only)</i>	N/A
32. Other Directives Listed	Yes _____ / No _____
33-36. <i>(Instructions only)</i>	N/A
37. Agent Signed Acceptance	Yes _____ / No _____
38. <i>(Instructions only)</i>	N/A
39. First Alternate Signed Acceptance	Yes _____ / No _____
40. Second Alternate Signed Acceptance	Yes _____ / No _____
41. <i>(Instructions only)</i>	N/A
42. Principal Signature	Yes _____ / No _____
43-44. Signature Assistance	Yes _____ / No _____
45-46. <i>(Instructions only)</i>	N/A
47-48. Both Witnesses Signed	Yes _____ / No _____
49-50. <i>(Instructions only)</i>	N/A
51. Advocate Required/Signed	Yes _____ / No _____
52. Notarization	Yes _____ / No _____
53. <i>(Instructions only)</i>	Yes _____ / No _____
54. Copies Locations Completed	Yes _____ / No _____
COMPLETION RATING:	_____ of 30 Entries.
<b>CONCLUDING CONCERNS</b> <i>(issues regarding content, signing, witnessing, etc):</i>	
REVIEWED BY:	DATE: