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LIVING WILL QUESTIONNAIRE

OUTLINING YOUR LIVING WILL

SITUATION ONE

If I am in a coma or in a persistent vegetative state, and if <u>after a period of at least three months</u>, three physicians agree that I will never again be able to think or recognize anyone or do even simple things like eating, walking, or caring for my own hygiene, then I direct the following:

1. Cardiopulmonary Resuscitation (CPR)

- () Perform
- () Do not perform
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

2. Mechanical Breathing

If, after diagnosis, I require mechanical assistance with breathing, I direct my attending physician as follows:

- () Connect me to a respirator
- () Do not connect me to a respirator
- () Connect me to a respirator for a trial period; if there is no improvement in my condition, remove me from the respirator
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

or

- () Keep me on the respirator
- () Do not keep me on the respirator
- () Keep me on the respirator for a trial period; if there is no improvement in my condition, remove me from the respirator
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Tube Feeding

I know that if I am in a persistent vegetative state or most kinds of comatose conditions, I will be unable to eat and drink. The following are

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my wishes regarding tube-feeding:

- () I want to be tube fed
- () I do not want to be tube fed
- () I want to be tube-fed for a trial period; if there is no improvement in my condition, discontinue the tube feeding
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

4. Kidney Dialysis

If my kidneys fail to function properly:

- () Put me on dialysis
- () Do not start dialysis
- () Begin dialysis on a trial basis; if there is no improvement in my condition, stop the treatment
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

5. <u>Diagnostic Tests</u>

- () I want all medically indicated diagnostic tests performed
- () I want no diagnostic tests performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

6. Surgery

Minor Surgery

- () I want minor surgical procedures performed as medically indicated
- () I do not want minor surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Major Surgery

- () I want major surgical procedures performed as medically indicated
- () I do not want major surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

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7. Chemotherapy

- () I want chemotherapy
- () I do not want chemotherapy
- () I want chemotherapy begun on a trial basis; if there is no improvement in my condition, I want chemotherapy stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

8. Blood Transfusions

- () I want to receive transfusions
- () I do not want to receive transfusions
- I want to receive transfusions as medically indicated on a trial basis; if there is no improvement in my condition, I want the transfusions stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

9. Antibiotics

- () I want to receive antibiotics
- () I do not want to receive antibiotics
- I want to receive antibiotics as medically indicated on a trial basis; if there is no improvement in my condition, I want the antibiotics stopped.
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

10. Pain Medication and Comfort Care

Since people in irreversible comas and persistent vegetative states are incapable of feeling anything, pain medication would not be called for or prescribed. Regarding your overall care if you are in such a condition, only one direction is appropriate.

() I want to be kept clean, to be turned frequently, and to receive whatever other care is necessary to maintain my dignity

Additional Comments:

If you want to add any further instructions or clarifications regarding Situation One, please use the space provided here.

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	SITUATION TWO
agreement t	ve sustained a head injury and/or am in a coma with physicians in hat the extent of the damage is unknown and the long-range outcome is e, then I direct the following:
1.	Cardiopulmonary Resuscitation (CPR)
	 () Perform () Do not perform () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions
2.	Mechanical Breathing
	If, after diagnosis, I require mechanical assistance with breathing, I direct my attending physician as follows:
	 () Connect me to a respirator () Do not connect me to a respirator () Connect me to a respirator for a trial period; if there is no improvement in my condition, remove me from the respirator
	improvement in my condition, remove me from the respirator () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions
	or
2	 () Keep me on the respirator () Do not keep me on the respirator () Keep me on the respirator for a trial period; if there is no improvement in my condition, remove me from the respirator
	I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions
3.	Tube Feeding

I want to be tube fed

I do not want to be tube fed

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- () I want to be tube-fed for a trial period; if there is no improvement in my condition, discontinue the tube feeding
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

4. Kidney Dialysis

If my kidneys fail to function properly:

- () Put me on dialysis
- () Do not start dialysis
- () Begin dialysis on a trial basis; if there is no improvement in my condition, stop the treatment
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

5. Diagnostic Tests

- () I want all medically indicated diagnostic tests performed
- () I want no diagnostic tests performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

6. Surgery

Minor Surgery

- () I want minor surgical procedures performed as medically indicated
- () I do not want minor surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Major Surgery

- () I want major surgical procedures performed as medically indicated
- () I do not want major surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

7. <u>Chemotherapy</u>

- () I want chemotherapy
- () I do not want chemotherapy

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- () I want chemotherapy begun on a trial basis; if there is no improvement in my condition, I want chemotherapy stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

8. Blood Transfusions

- () I want to receive transfusions
- () I do not want to receive transfusions
- I want to receive transfusions as medically indicated on a trial basis; if there is no improvement in my condition, I want the transfusions stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

9. Antibiotics

- () I want to receive antibiotics
- () I do not want to receive antibiotics
- I want to receive antibiotics as medically indicated on a trial basis; if there is no improvement in my condition, I want the antibiotics stopped.
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Pain Medication and Comfort Care

- () If I am in pain, I want to receive enough medication to stop the pain
- () I do not want to receive pain medication
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

and,

() I want to be kept clean, to be turned frequently, and to receive whatever other care is necessary to maintain my dignity

Additional Comments:

If you want to add any further instructions or clarifications regarding Situati Two, please use the space provided here.	ion
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SITUATION THREE

If I am suffering from a degenerative brain disease, such as Alzheimer's, and I have deteriorated to the point where I am no longer able to understand things or make decisions, AND I ALSO DEVELOP A TERMINAL ILLNESS, then I direct the following:

 Cardiopulmonary Resuscitation (CPF) 	1.	Cardiopulmonary	Resuscitation	(CPR
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- () Perform
- () Do not perform
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Mechanical Breathing

If, after diagnosis of my terminal illness, I require mechanical assistance with breathing, I direct my attending physician as follows:

- () Connect me to a respirator
- () Do not connect me to a respirator
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

or

- () Keep me on the respirator
- () Take me off the respirator
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

3. Tube Feeding

- () I want to be tube fed
- () I do not want to be tube fed
- I want to be tube-fed if in the judgment of my attending physician, tube-feeding is necessary to make me feel comfortable; otherwise I do not want it
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

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4. <u>Kidney Dialysis</u>

- () Put me on dialysis
- () Do not start dialysis
- () Begin dialysis on a trial basis; if there is no improvement in my condition, stop the treatment
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

5. <u>Diagnostic Tests</u>

- () I want all medically indicated diagnostic tests performed
- () I want no diagnostic tests performed
- () I want diagnostic tests performed if they are necessary to determine the cause of my pain
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

6. Surgery

Minor Surgery

- () I want minor surgical procedures performed as medically indicated
- () I want minor surgical procedures performed only if these are necessary to keep me comfortable or prevent me from feeling pain
- () I do not want minor surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Major Surgery

- () I want major surgical procedures performed as medically indicated
- () I want major surgical procedures performed only if these are necessary to keep me comfortable or prevent me from feeling pain
- () I do not want major surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

7. Chemotherapy

- () I want chemotherapy
- () I do not want chemotherapy

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- () I want chemotherapy begun on a trial basis; if there is no improvement in my condition, I want chemotherapy stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

8. Blood Transfusions

- () I want to receive transfusions
- () I do not want to receive transfusions
- I want to receive transfusions as medically indicated on a trial basis; if there is no improvement in my condition, I want the transfusions stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

9. Antibiotics

- () I want to receive antibiotics
- () I do not want to receive antibiotics
- I want to receive antibiotics as medically indicated on a trial basis; if there is no improvement in my condition, I want the antibiotics stopped.
- () I want to receive antibiotics only if, in the judgment of my physician, they are necessary to keep me comfortable or alleviate my pain
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

10. Pain Medication and Comfort Care

- () If I am in pain, I want to receive enough medication to stop the pain
- () I do not want to receive pain medication
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

and,

() I want to be kept clean, to be turned frequently, and to receive whatever other care is necessary to maintain my dignity

Additional Comments:

If you want to add any further instructions or clarifications regarding Situation Three, please use the space provided here.

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SITUATION FOUR

If I am suffering from a degenerative brain disease, such as Alzheimer's, and I have deteriorated to the point where I am no longer able to understand things or make decisions, BUT I DO NOT HAVE A TERMINAL ILLNESS, then I direct the following:

- 1. Cardiopulmonary Resuscitation (CPR)
 - () Perform
 - () Do not perform
 - () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions
- 2. Mechanical Breathing
 - () Connect me to a respirator
 - () Do not connect me to a respirator
 - () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

If for whatever reason, such as having been placed on a respirator in the Emergency Room, I am being assisted by mechanical breathing, and I am in the condition described in Situation Four, I direct my physician to:

- () Keep me on the respirator
- () Take me off the respirator
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions
- Tube Feeding
 - () I want to be tube fed
 - () I do not want to be tube fed
 - I want to be tube-fed if in the judgment of my attending physician, tube-feeding is necessary to make me feel comfortable; otherwise I do not want it

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() I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

4. Kidney Dialysis

() I understand that kidney dialysis is used only for people whose kidneys fail. In Situation Four I would not have a terminal illness such as kidney failure, thus, there would be no medical indication for kidney dialysis.

Diagnostic Tests

- () I want all medically indicated diagnostic tests performed
- () I want no diagnostic tests performed
- () I want diagnostic tests performed if they are necessary to determine the cause of my pain
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

6. Surgery

Minor Surgery

- () I want minor surgical procedures performed as medically indicated
- () I want minor surgical procedures performed only if these are necessary to keep me comfortable or prevent me from feeling pain
- () I do not want minor surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

Major Surgery

- () I want major surgical procedures performed as medically indicated
- () I want major surgical procedures performed only if these are necessary to keep me comfortable or prevent me from feeling pain
- () I do not want major surgical procedures performed
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

7. <u>Chemotherapy</u>

- () I want chemotherapy
- () I do not want chemotherapy

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- () I want chemotherapy begun on a trial basis; if there is no improvement in my condition, I want chemotherapy stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

8. Blood Transfusions

- () I want to receive transfusions
- () I do not want to receive transfusions
- I want to receive transfusions as medically indicated on a trial basis; if there is no improvement in my condition, I want the transfusions stopped
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

9. Antibiotics

- () I want to receive antibiotics
- () I do not want to receive antibiotics
- I want to receive antibiotics as medically indicated on a trial basis; if there is no improvement in my condition, I want the antibiotics stopped.
- () I want to receive antibiotics only if, in the judgment of my physician, they are necessary to keep me comfortable or alleviate my pain
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

10. Pain Medication and Comfort Care

- () If I am in pain, I want to receive enough medication to stop the pain
- () I do not want to receive pain medication
- () I do not want to make a decision about this matter now; I direct my attending physician to follow my Proxy's instructions

and,

() I want to be kept clean, to be turned frequently, and to receive whatever other care is necessary to maintain my dignity

Additional Comments:

If you want to add any further instructions or clarifications regarding Situation Four, please use the space provided here.

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PROXY INFORMATION
If you designated a Proxy to make some decisions for you, you need to fill out a Durable Power of Attorney for Health Care Form. You should also identify your Proxy and alternates below:
Proxy:
(Name, home address, home and work telephone)
First Alternate Proxy: (Name, home address, home and work telephone)
Second Alternate Proxy:
(Name, home address, home and work telephone)
I have carefully considered what medical treatments I would want to accept or reject if I was in any of the four situations described above.
Your Signature