

LIVING WILL

Personal Details

THIS LIVING WILL is given by:

Name:

Address:

Postcode:

Home telephone:

Work telephone:

Date of birth:

National Health Number:

Doctor:

Doctor's telephone:

I, _____ *[print name]*, state that I am of sound mind and make this living will with full understanding of its consequences. It is my intent to express my wishes on my future medical care to my family, my doctors, other medical personnel and anyone else to whom it is relevant in the event that, at some future time, I am unable to make my wishes known due to physical or mental incapacity.

Instructions

Medical Treatment I DO NOT Want:

I REFUSE medical procedures to prolong my life or keep me alive by artificial means if: *[initial where indicated beside the choice which reflects your wishes]*

___ I have a severe physical illness from which, in the opinion of two (2) independent medical practitioners, it is unlikely that I will ever recover.

OR

___ I have a severe mental illness which, in the opinion of two (2) independent medical practitioners, has no likelihood of improvement and in addition I have a severe physical illness from which, in the opinion of two (2) independent medical practitioners, it is unlikely that I will ever recover.

OR

___ I am permanently unconscious and have been so for a period of at least _____ months and, in the opinion of two (2) independent medical practitioners, there is no likelihood that I will ever recover.