រាងវប្បធម៌ជាកើតមកពីអាច បានទាំងអស់ពីរដ្ឋកាលដីរវាងវត្តនិរន្តរភាពជាមុនរដ្ឋកាលដីរវាងវត្តនិរន្តរភាពនៃការរស់នៅដើម។

This form lets you have a say about how you want to be treated if you get very sick.

This form has 3 parts. It lets you:

Part 1: Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out only the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on page 10 or a notary public on page 11.

Your Name: ____________________________

Go to the next page
If you only want a health care agent go to Part 1 on page 3.

If you only want to make your own health care choices go to Part 2 on page 6.

If you want both then fill out Part 1 and Part 2.

Always sign the form in Part 3 on page 9.

2 witnesses need to sign on page 10 or a notary public on page 11.

What do I do with the form after I fill it out?

• Share your choices with those who care for you.
• Give the new form to your health care agent and doctor.

What if I want to make health care choices that are not on this form?

• Write your choices on a piece of paper.
• Keep the paper with this form.
• Share your choices with those who care for you.

What if I change my mind?

• Fill out a new form.
• Tell those who care for you about your changes.
• Give the new form to your health care agent and doctor.

What if I have questions about the form?

• Bring it to your doctors, nurses, social workers, health care agent, family or friends to answer your questions.
PART 1 Choose your health care agent

The person who can make medical decisions for you if you are too sick to make them yourself.

What kind of decisions can my health care agent make?

Agree to, say no to, change, stop or choose:

- doctors, nurses, social workers
dsummer hospitals or clinics
- medications, tests, or treatments
- what happens to your body and organs after you die

Your agent will need to follow the health care choices you make in Part 2.

What will happen if I do not choose a health care agent?

A family member or friend who:

- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form

Your agent cannot be your doctor or someone who works at your hospital or clinic, unless he/she is a family member.

Whom should I choose to be my health care agent?

A family member or friend who:

- is at least 18 years old
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form

Your agent cannot be your doctor or someone who works at your hospital or clinic, unless he/she is a family member.

Go to the next page
Part 1: Choose your health care agent

Other decisions your agent can make:

![Life support treatments - medical care to try to help you live longer]

- **CPR** (Heart & Lung support) CPR or cardiopulmonary resuscitation
  - cardio = heart
  - pulmonary = lungs
  - resuscitation = to bring back

**Cardiovascular catharsis:** This may involve:
- **CPR** or cardiopulmonary resuscitation
- pressing hard on your chest to keep your blood pumping
- **Electrical shocks** to jump start your heart
- **Medicines** in your veins

- **Breathing machine or ventilator** The machine pumps air into your lungs and breathes for you. You are not able to talk when you are on the machine.

- **Dialysis** A machine that cleans your blood if your kidneys stop working.

- **Feeding tube** A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach. It can also be placed by surgery.

- **Blood transfusions** To put blood in your veins.

- **Surgery**

- **Medicines**

End of life care - if you might die soon your health care agent can:

- **Call in a spiritual leader**
- **Decide if you live at home or in the hospital**

Show your health care agent this form. Tell your agent what kind of medical care you want.
**Part 1: Choose your health care agent**

To make your own health care choices go to Part 2 on the next page.

To sign this form go to Part 3 on page 9.

---

### Your Health Care Agent

<table>
<thead>
<tr>
<th>(first name)</th>
<th>(last name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(street address)</th>
<th>(city)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(home phone number)</th>
<th>(work phone number)</th>
</tr>
</thead>
</table>

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### California Advance Health Care Directive

#### My Health Care Agent

- **My health care agent will follow my health care choices exactly**: Even though it is OK to follow my choices as a general guide, there are some choices I do not want changed.

---

#### I want this person to make my medical decisions.

- **I want this person to make my medical decisions.**
PART 2
Make your own health care choices

Write down your choices so those who care for you will not have to guess.

My life is always worth living no matter how sick I am.

Is religion or spirituality important to you?

What should your doctors know about your religion or spirituality?
Part 2: Make your own health care choices

Califonia Advance Health Care Directive

Health care choices

Put an X next to the one choice you most agree with.

1. If I am not sure.
2. If I am so sick that I may die soon:
   - Try all life support treatments that my doctors think might help.
   - If the treatments do not work and there is little hope of getting better, I want to stay on life support machines.
3. If the treatments work and I am getting better, I want you to continue.
   - CPR
   - CPR
   - If I am so sick that I may die soon:
   - If I am not sure.
   - If I am so sick that I may die soon:
   - If I am not sure.

Go to the next page
Your doctors may ask about organ donation and autopsy after you die. Please tell us your wishes.

**Put an X next to the one choice you most agree with.**

- **Donating (giving) your organs can help save lives.**
  - I want to donate my organs.
  - I do not want to donate my organs.
  - I want my health care agent to decide.
  - I am not sure.

- **An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.**
  - I want an autopsy.
  - I do not want an autopsy.
  - I want an autopsy if there are questions about my death.
  - I want my health care agent to decide.
  - I am not sure.

- **What should your doctors know about how you want your body to be treated after you die?**

---

Go to Part 3 on the next page to sign this form.
តើប្របាឋប្រយោជន៍អ្នកប្រឈម និងប្រឈមក្នុងបរិយាការ

PART 3

Sign the form

ឯកម្មភាពប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

Before this form can be used, you must:

• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម sign this form
• មានពិធីប្រការប្រាក់សម្រាប់ឯកត័យក្រុម have two witnesses sign the form

ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

If you do not have witnesses, a notary public must sign on page 11.

A notary public’s job is to make sure it is you signing the form.

ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

Sign your name and write the date.

/ / 

Sign your name and write the date.

ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

(/sign your name) (date)

(/sign your name) (date)

(Street address) (city) (state) (zip code)

(Street address) (city) (state) (zip code)

ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

Your witnesses must:

• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be your health care agent
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be your health care provider
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម work for your health care provider
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be your health care agent
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be your health care provider
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម work for your health care provider

ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

Your witnesses cannot:

• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be your health care agent
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be your health care provider
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម work for your health care provider

ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម

Also, one witness cannot:

• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម be related to you in any way
• ប្រការប្រាក់សម្រាប់ឯកត័យក្រុម benefit financially (get any money or property) after you die

Witnesses need to sign their names on the next page.

If you do not have witnesses, take this form to a notary public and have them sign on page 11.
Part 3: Sign the form

By signing, I promise that [name] signed this form while I watched.

I promise that the person signing this form is over 18 years old and is not related to him/her by blood, marriage, or adoption. I am not his/her health care agent, I do not work where he/she lives, and I do not work for his/her health care provider.

Witness #1

[Sign name]  [Date]

[Address]  [City]  [State]  [Zip Code]

Witness #2

[Sign name]  [Date]

[Address]  [City]  [State]  [Zip Code]

You are now done with this form.

Share this form with your doctors, nurses, social workers, friends, family, and health care agent.

Talk with them about your choices.
CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California
County of ____________

On ____________ before me, __________________________, personally appeared __________________________

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature __________________________

Signature of Notary Public __________________________

Description of Attached Document

Title or Type of document: __________________________

Date: __________ Number of pages: __________

Capacity(ies) Claimed by Signer(s)

Signer's Name: __________________________

☑ Individual
☐ Guardian or conservator
☐ Other __________________________

(Notary Seal)

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Share this form with your doctors, nurses, social workers, friends, family, and health care agent.

Talk with them about your choices.
Give this form to your nursing home director only if you live in a nursing home.

California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.

STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

"I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code."

(sign your name) (date)

(print your first name) (print your last name)

street address (state) zip code

This advance directive is in compliance with the California Probate Code, Section 4671-4675. http://www.leginfo.ca.gov/calaw.html

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