

Cancer-Specific Living Will Template

Personal Information

Full Name

Date of Birth

Address

Diagnosis Details

Type and Stage of Cancer

Oncologist/Physician Name

Physician Contact Information

Treatment Preferences

Specific Cancer Treatments I wish to accept or refuse (e.g., chemotherapy, radiation, surgery)

Willingness to Participate in Clinical Trials

Advance Directives

Preferences regarding life support (ventilation, feeding tubes, etc.)

Do Not Resuscitate (DNR) Orders

Pain Management Preferences

Palliative and Hospice Care

Preferences for Palliative or Hospice Care

Preferred Location of Care (home, hospital, hospice facility, etc.)

Healthcare Proxy/Agent

Name of Healthcare Proxy/Agent

Contact Information for Proxy/Agent

Additional Instructions or Wishes

Signatures

Signature

Date

Witness Signature

Date