

Specific Treatment Preferences Form

Full Name

Date of Birth

Relevant Medical Conditions

Treatment Preferences

- ☐ Cardiopulmonary Resuscitation (CPR)
- ☐ Mechanical Ventilation
- ☐ Renal Dialysis
- ☐ Artificial Feeding (Tube/IV)

Other Specific Preferences

If my condition is:

- ☐ Terminal
- ☐ Irreversible/Vegetative State
- ☐ Other

Additional Comments or Guidance

Signature

Date