

Personal Healthcare Preferences

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], am writing to document my personal healthcare preferences in the event that I am unable to communicate my wishes.

1. Healthcare Proxy

I appoint [Proxy's Name] as my healthcare proxy, who has the authority to make healthcare decisions on my behalf if I am unable to do so.

2. Life-Sustaining Treatments

I wish to state my preferences regarding life-sustaining treatments as follows:

- [Preference regarding resuscitation]
- [Preference regarding mechanical ventilation]
- [Preference regarding feeding tubes]

3. Palliative Care

I wish to receive palliative care to ensure comfort and dignity at the end of life, regardless of the extent of the treatment.

4. Organ Donation

I do/do not wish to be considered for organ donation after my passing.

Thank you for respecting my healthcare preferences. I understand that these decisions may be difficult, and I appreciate your support in honoring my wishes.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]