

Elderly Wellness Care Directives

Date: _____

To Whom It May Concern,

I, [Full Name], born on [Date of Birth], residing at [Address], hereby declare my wellness care directives for my elderly years. In the event that I am unable to make decisions regarding my health and wellness, I appoint [Name of Appointee], located at [Appointee's Address], as my designated advocate.

Preferences for Medical Treatment:

- Type of treatments I wish to receive: _____
- Type of treatments I do not wish to receive: _____

Palliative Care Preferences:

I wish to receive palliative care that focuses on comfort and quality of life, including:

- Pain management: _____
- Psychological support: _____

Living Arrangements:

In the event of needing assistance, I prefer to reside in: _____

Signature:

[Full Name]

Witness:

[Witness Name]