



Advance Directive / Cov Lus Qhia Ua Ntej including Power of Attorney for Health Care / xam nrog Lub Zog ntawm Kws Lij Choj rau Health Care

Overview / Ncauj Lus

This legal document meets the requirements for Wisconsin, Minnesota and Iowa.* It lets you / Daim ntawv kev cai lij choj no ua tau raws li kev xav tau hauv Wisconsin, Minnesota thiab Iowa.* Nws tso cai rau koj

- Name another person to make your health care decisions if you cannot make them for yourself. / Muab lwm npe los ua tus txiav txim txog kev saib xyuas kev noj qab haus huv yog tias koj tsis tuaj yeem txiav txim los rau koj tus kheej.
- Write down your goals and preferences for future medical care in specific situations. / Sau koj lub hom phiaj thiab txoj kev nyiam txog kev saib xyuas noj qab haus huv nyob rau lub neej tom ntej cov xwm txheej tshwm sim.

The person you name is called your health care agent. You can also name alternate health care agents who can make decisions if the person you named first or second cannot or is not willing to make those decisions. This document gives your agent authority to make health care decisions on your behalf only after doctors and/or health care professionals authorized under current state law have determined you are incapable of making health care decisions for yourself. / Tus koj sau npe rau ntawv hu tias koj tus sawv cev saib xyuas kev noj qab haus huv. Koj tseem tuaj yeem sau npe rau lwm tus sawv cev saib xyuas kev noj qab haus huv yog tias thawj tus tsis tuaj yeem txiav txim tau los sis tus thib ob koj rau npe ntawv tsis tuaj yeem txiav txim los sis tsis txaus siab rau qhov kev txiav txim ntawv. Daim ntawv no tsuas muab rau tus sawv cev rau koj los txiav txim txog kev noj qab haus huv sawv cev tam koj tom qab kws kho mob thiab/los sis tus saib xyuas kev noj qab haus huv tau ua raws txoj cai ziang no hauv lub lav tias koj tsis muaj cai txiav txim saib xyuas kev noj qab haus huv rau tus kheej.

This document **does not** give your agent authority to: / Daim ntawv no **tsis muab** txoj cai rau koj tus neeg sawv cev rau:

- Make financial or other business decisions. / Txiav txim rau feem nyiaj txiag los sis lag luam lwm yam.
- Make certain decisions about your mental health treatment. / Txiav txim rau koj txoj kev kho mob hlwb.

Read this advance directive carefully before you complete and sign it. **You should discuss your goals, values, and this advance directive with your health care agent(s). Unless you talk with your health care agent(s), they may not know your goals and be able to follow your instructions.** / Nyeem daim ntawv txog cov lus qhia ua ntej kom zoo ua ntej koj ua tiav thiab kos npe. **Koj yuav tau tham txog koj lub hom phiaj, txiaj ntsig thiab lus qhia ua ntej nrog koj tus sawv cev saib xyuas kev noj qab haus huv. Tshwj tsis yog cov sawv cev saib xyuas kev noj qab haus huv rau koj, lawv yuav tsis paub koj lub hom phiaj thiab tuaj yeem ua raws koj cov lus qhia.**

Recommendation: make an appointment with an advance care planning facilitator for help. If this advance directive does not meet your needs, ask your health organization or attorney about other options. / **Cov lus qhia:** teem caij nrog tus saib xyuas kev noj qab haus huv ua ntej yuav tau txais kev pab. Yog tias cov lus qhia ua ntej nws tsis zoo raws li koj txoj kev xav tau, nug koj chaw saib xyuas kev noj qab haus huv los sis kws lij choj txog lwm txoj kev xaiv.

To complete this advance directive / Txhawm ua daim ntawv cov lus qhia ua ntej kom tiav

This advance directive is divided into four parts: / Daim ntawv cov lus qhia ua ntej no muab faib ua plaub ntu:

- Part 1 – My health care agent / Ntu 1 – Kuv tus neeg sawv cev saib xyuas kev noj qab haus huv
- Part 2 – General authority of the health care agent / Ntu 2 – Txoj cai ntawm tus sawv cev saib xyuas kev noj qab haus huv
- Part 3 – Statement of desires, care instructions or limits / Ntu 3 – Lus qhia txog kev xav tau, qhia txoj kev saib xyuas los sis cov kev txwv
- Part 4 – Making the document legal / Ntu 4 – Ua cov ntaub ntawv txog kev cai lij choj

Follow the instructions in each of the four parts. / Ua raws cov lus qhia nyob rau txhua txhua plaub ntu.

*As of October 2020

*Xws lub Kaum hli xyoo 2020.



After you complete your advance directive / Tom qab koj ua tiav koj cov lus qhia ua ntej

Take these steps: / Ua raws txheej txheem:


- Talk to the person(s) you named as your agent(s) about your goals and preferences for future medical care, if you have not already. Make sure they feel able to do this important job for you in the future. / Tham rau cov neeg koj sau npe xws li tus sawv cev ntawm koj txog koj lub hom phiaj thiab txoj kev nyiam txog kev saib xyuas noj qab haus huv, yog tias koj tseem tsis tau npaj txhij. Ua kom lawv ntseeg tau tias tuaj yeem ua txoj hauj lwm tseem ceeb no rau koj nyob rau yav tom ntej.
- Give your agent(s) a copy of this advance directive. / Muab daim ntawv theej cov lus qhia ua ntej no rau koj cov neeg sawv cev.
- Talk to the rest of your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your agent(s) is, and what your preferences are. / Tham nrog lwm tus nyob hauv koj tsev neeg thiab cov phooj ywg zoo tus uas tuaj yeem koom nrog yog tias koj muaj mob los sis nquag raug mob. Ua kom lawv ntseeg tias cov twg yog cov sawv cev rau koj thiab koj txoj kev nyiam yog dab tsi.
- Give a copy to your doctor and/or your health care facility. Make sure your preferences are understood. / Muab ib daim ntawv theej rau koj tus kws kho mob thiab/los sis koj chaw saib xyuas kev noj qab haus huv. Ua kom ntseeg tau tias koj txoj kev nyiam tau nkag siab zoo lawm.
- Keep a copy of this advance directive where it can be easily found. / Muab ib daim ntawv theej txog cov lus qhia ua ntej rau thaj chaw yooj yim nrhiav pom.
- If you go to a hospital or nursing home, take a copy of this advance directive and ask that it be placed in your medical record. / Yog tias koj mus tsev kho mob los sis tsev laus, nqa daim ntawv theej txog cov lus qhia ua ntej no thiab nug kom muab khaws cia nrog koj cov ntawv kho mob.
- Review and update this advance directive whenever any of the “Five D’s” occur: / Kuaj xyuas thiab kho daim ntawv cov lus qhia ua ntej tshiab no thaum tshwm sim nyob rau “Five D’s” ntawv:
 - Decade* – when you start each new decade of your life. / *Kaum xyoo* – thaum koj pib tshiab txhua txhua kaum xyoo hauv koj lub neej.
 - Death (or Dispute)*– when a loved one or a health care agent dies (or disagrees with your preferences). / *Kev tuag (los sis kev tsis txaus siab)*– thaum tus hlub los sis tus sawv cev saib xyuas kev noj qab haus huv tuag (los sis tsis txaus siab rau koj txoj kev nyiam).
 - Divorce* – when divorce (or annulment) happens. If your spouse or domestic partner is your agent, your advance directive is no longer valid. You must complete a new advance directive, even if you want your ex-spouse or ex-partner to remain your agent. / *Sib nrauj* – thaum muaj kev sib nrauj (los sis tsis yuav) tshwm sim. Yog tias poj niam/tus txiv los sis yog tus sawv cev rau koj cov lus qhia ua ntej tag sij hawm lawm. Koj yuav tau ua daim ntawv cov lus qhia ua ntej dua tshiab, thaum uas koj xav kom poj niam/tus txiv qub los sis koj tus hlub qub ua tus sawv cev rau koj.
 - Diagnosis* – when you are diagnosed with a serious illness. / *Ntsuam xyuas* – thaum koj raug ntsuam xyuas tias muaj mob nyhav.
 - Decline* – when your health gets worse, especially when you are unable to live on your own. / *Tsis tuaj yeem* – thaum koj lub cev muaj kev phom sij nyhav, tshwj xeeb yog thaum koj tsis tuaj yeem yuav rov muaj txoj siab nyob tau.
- If your goals and preferences change: / Yog tias koj lub hom phiaj thiab txoj kev nyiam hloov:
 - Talk to your agent(s), your family, your doctor, and everyone who has copies of this advance directive. / Tham nrog cov neeg sawv cev rau koj, koj tsev neeg, koj tus kws kho mob, thiab txhuas tus uas muaj daim ntawv theej txog cov lus qhia ua ntej.
 - Then, complete a new advance directive. / Dhau ntawv, ua daim ntawv cov lus qhia ua ntej tshiab kom tiav.



Wisconsin Medical Society

Advance Care Planning & Advance Directive by the Wisconsin Medical Society

- Cut out the card below, fill it in, fold it and put it in your wallet. / Muab daim npav hauv qab txiav tawm, ntxiv nws rau, nias nws thiab muab nws rau hauv koj lub hnav nyiaj.

I HAVE AN ADVANCE DIRECTIVE / KUV MUAJ DAIM NTAWV QHIA UA NTEJ	
Name / Npe _____	My advance directive is filed at this health care facility / Kuv daim ntawv qhia ua ntej tau muab rau chaw saib xyuas kev noj qab haus huv no lawm _____
Date of birth / Hnub yug _____	City/State / Nroog/Lav _____
 Wisconsin Medical Society Advance Care Planning & Advance Directive by the Wisconsin Medical Society	
	Phone / Xov tooj _____
	My health care agent is / Sawv cev saib xyuas kev noj qab haus huv ntawm kuv yog
	Name / Npe _____
	Phone / Xov tooj _____

Need help? / Xav tau kev pab?

All adults should begin planning for future health care decisions, and the best time to do this is before a medical crisis occurs. Contact your doctor's office, hospital, or local Advance Care Planning resource to learn more and talk with a facilitator or someone trained to assist in this process.



Advance Directive including Power of Attorney for Health Care / Cov Lus Qhia Ua Ntej xam nrog Lub Zog ntawm Kws Lij Choj rau Health Care

For: / Rau:

Name / Npe _____ Date of Birth / Hnub Yug _____

Telephone (Cell) / Xov tooj (Ntawm tes) _____ (Work) / (Chaw hauj lwm) _____

(Home) / (Tsev) _____

Address / Chaw nyob _____

City / Nroog _____ State/ZIP / Lav/ZIP _____

Copies of this document have been given to: / Theej daim ntawv no muab rau:

Name / Npe _____

Name / Npe _____

Name / Npe _____

Name / Npe _____

Name / Npe _____

Name / Npe _____

Name / Npe _____

**Health care professional/health care facility: / Tus kws tshaj lij saib xyuas kev noj qab haus
huv/chaw saib xyuas kev noj qab haus huv:**

Name / Npe _____

Name / Npe _____

Name / Npe _____



Notice to Person Making this Document / Ceeb Toom rau Tus Neeg Ua Daim Ntawv no

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object. / Koj muaj cai txiaiv txim txog koj txoj kev saib xyuas kev noj qab haus huv. Tsis muaj kev pab saib xyuas kev noj qab haus huvrau koj tej zaum yog koj tsis koom, thiab kev saib xyuas kev noj qab haus huv nws tsis tuaj yeem yuav nres los sis tsis txaus siab yog koj tsis koom.

Because your health care providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care. / Vim tias kev saib xyuas noj qab haus huv rau koj nws yuav pab qee leej mob xwb tsis tuaj yeem los tsim nyob kom ntev nrog rau koj, lawv tsis swm txoj kev ntseeg thiab txiaj ntsig ntawm koj kuj zoo li txhua yam hais txog txoj kev sib swm hauv koj tsev neeg. Ntsiab lus no yog teeb meem yog tias koj tsis tuaj yeem txiaiv txim rau kev saib xyuas noj qab haus huv rau koj.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision. / Kom zam dhau qhov teeb meem no, koj tuaj yeem kos npe rau daim ntawv rau cai no kom qhia tus neeg koj xav kom yog tus txiaiv txim rau kev saib xyuas kev noj qab haus huv rau koj yog tias koj tsis tuaj yeem txiaiv txim rau koj tus kheej. Tus ntawv hu tau tias tus sawv cev saib xyuas kev noj qab haus huv rau koj. Koj yuav tsum tau siv sij hawm txiaiv txim rau koj txoj kev xav thiab txoj kev ntseeg txog kev kho mob rau tus neeg los sis cov neeg uas koj tau qhia. Koj yuav tsum hais rau hauv daim ntawv no txog txhua txhua hom kev saib xyuas kev noj qab haus huv tias koj xav los sis tsis xav, thiab koj yuav tau muaj kev txwv rau tus sawv cev saib xyuas kev noj qab haus huv rau koj. Yog tias tus sawv cev saib xyuas kev noj qab haus huv rau koj tsis paub txog koj txoj kev xav tau ntawm kev txiaiv txim rau kev saib xyuas noj qab haus huv, nws yuav hais seb qhov twg thiaj yuav muaj txiaj ntsig tshaj rau koj txoj kev txiaiv txim.

This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, your health care providers, and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or the domestic partnership is terminated after signing this document, the document is invalid. / No yog ib daim ntawv raug cai tseem ceeb. Nws yuav muab dag zog rau koj tus sawv ces saib xyuas kev noj qab haus huv kom txiaiv txim rau koj. Nws yuav tau thim daim ntawv tso cai ua ntej no rov qab txhawm rau txoj kev saib xyuas noj qab haus huv uas koj ua dhau los. Yog koj xav tias koj yuav hloov koj daim ntawv tso cai txhawm rau kev saib xyuas kev noj qab haus huv, koj yuav tsum tau thim daim no nyob rau txhua txhua lub sij hawm ua kom nws puas, qhia lwm tus ua kom puas uas koj muaj ntsej muag koom nrog, kos npe thiab sau hnuv tim los sis tshaj tawm tias rov thim tag lawm muaj ob tog ua pov thawj. Yog tias koj thim rov qab lawm, koj yuav tsum ceeb toom rau koj tus neeg sawv cev, tus pab saib xyuas kev noj qab haus huv rau koj, thiab txhua tus neeg uas koj tau muab daim ntawv theej rau. Yog tias tus sawv cev yog koj poj niam/tus txiv los sis phooj ywg zoo thiab koj rooj tshoob tau muab ncuu los sis koj tau nrauj los sis txoj kev sib txheeb yuav tu tom qab kos npe rau daim ntawv no, daim ntawv no tsis raug.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document. / Koj yuav tsum siv daim ntawv no ua los sis tsis yeem ua ib qhov khoom plig thaum koj tuag. Yog tias koj siv daim ntawv no los ua los sis tsis yeem ua khoom plig, daim ntawv no yuav tau sau rov qab uas koj tau ua. Koj yuav tau sau los sis hloov txhua qhov khoom plig uas koj ua los ntawm dai ntawv no los muab khoom plig kaw nyob rau daim ntawv no.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your doctor. / Tsis txhob kos npe mus txog thaum koj tau nkag siab zoo txhua yam. Koj yuav tsum tau ceev daim ntawv yog daim tiag rau koj tus kws kho mob.



Part 1: My health care agent / Ntu 1: Kuv tus neeg sawv cev saib xyuas kev noj qab haus huv

If you can no longer make your own health care decisions, this advance directive names the person you authorize to make these choices for you. This person will be your health care agent. State law says your health care agent will make your health care choices for you only after doctors and/or other healthcare professionals authorized under current state law have determined you are incapable of making health care decisions. Your agent will make decisions about your medical care as you would if you were able. You and your health care agent(s) should have ongoing talks about your health and health care choices. / Yog tias koj tsis tuaj yeej txiav txim txog kev saib xyuas kev noj qab haus huv, daim ntawv qhia ua ntej no rau tus neeg uas xaiv rau koj. Tus neeg no yuav tsum yog tus sawv cev sawv kev saib xyuas kev noj qab haus huv. Kev cai lij choj hauv lav sau tias koj tus sawv cev saib xyuas kev noj qab haus huv yuav tau xaiv rau koj nkaus xwb thaum tom qab koj tus kws kho mob/los sis lwm tus kws tshaj lij saib xyuas kev noj qab haus huv ua raws txoj cai lij choj hauv lav tias koj tsis tuaj yeem muab kev txiav txim txog kev noj qab haus huv. Koj tus neeg sawv cev yuav txiav txim txog koj li kev kho mob xws li koj yuav tsum yog tias koj ua tau. Koj thiab cov sawv cev saib xyuas kev noj qab haus huv yuav tau mus sib tham txog koj tus kheej thiab koj txoj kev xaiv saib xyuas kev noj qab haus huv.

Choose someone who knows you well. It should be someone you trust and who respects your goals and values. This person should be able to make difficult decisions under stress. Often family members are good choices, but not always. Choose someone who will closely follow what you want and will be a good advocate for you. Discuss this document and your views with the person(s) you choose to be your health care agent(s). / Xaiv tus uas paub koj zoo. Nws yuav tsum yog tus koj ntseeg thiab pov hwm lub hom phiaj thiab txiag txiag ntawm koj. Tus neeg no yuav tau muab kev txiav txim nyuaj thaum nyob rau kev ntxhov siab. Tej zaum cov neeg nyob hauv koj tsev neeg kuj yog txoj kev xaiv zoo, tab sis nws tsis yog tag li. Xaiv tus uas nws yuav raws li koj xav tau thiab yuav yog tus pab tawm tswv yim zoo rau koj. Sib tham txog daim ntawv no thiab qhov koj saib nrog tus neeg koj xaiv los ua cov sawv cev saib xyuas kev noj qab haus huv.

A health care agent must be at least 18 years old. Your health care agent may not be one of your health care providers or an employee of your health care provider, unless he or she is a relative. / Tus sawv cev saib xyuas kev noj qab haus huv yuav tsum muaj hnub nyug me kawg 18 xyoo. Koj tus sawv cev saib xyuas kev noj qab haus huv yuav tsum tsis yog ib tus kws kho mob los sis tus neeg ua hauj lwm ntawm koj tus kws kho mob, tshwj tsis yog nws yog tus txheeb ze.

The person I choose as my health care agent is: / Tus neeg kuv xaiv ua tus sawv ces saib xyuas kev noj qab haus huv yog:

Name / Npe _____ Relationship / Kev sib txheeb _____
Telephone (Cell) / Xov tooj (Ntawm tes) _____ (Work) / (Chaw hauj lwm) _____ (Home) / (Hauv tsev) _____
Address / Chaw nyob _____
City / Nroog _____ State/ZIP / Lav/ZIP _____

If that person is unable or unwilling to make decisions for me, then my next choice is: / Yog tias tus no tsis muaj peev xwm los sis tsis xav txiav txim rau kuv, tus kuv xaiv txuas ntxiv yog:

Second choice: / Xaiv tus thib ob:

Name / Npe _____ Relationship / Kev sib txheeb _____
Telephone (Cell) / Xov tooj (Ntawm tes) _____ (Work) / (Chaw hauj lwm) _____ (Home) / (Hauv tsev) _____
Address / Chaw nyob _____
City / Nroog _____ State/ZIP / Lav/ZIP _____

If that person is unable or unwilling to make decisions for me, then my next choice is: / Yog tias tus no tsis muaj peev xwm los sis tsis xav txiav txim rau kuv, tus kuv xaiv txuas ntxiv yog:

Third choice: / Xaiv tus thib peb:

Name / Npe _____ Relationship / Kev sib txheeb _____
Telephone (Cell) / Xov tooj (Ntawm tes) _____ (Work) / (Chaw hauj lwm) _____ (Home) / (Hauv tsev) _____
Address / Chaw nyob _____
City / Nroog _____ State/ZIP / Lav/ZIP _____

I do not have a health care agent. Instead, I want Part 3 of this document to guide my health care. / Kuv tsis muaj tus sawv cev saib xyuas kev noj qab haus huv. Hloov, Kuv xav mus Ntu 3 ntawm daim ntawv no kom qhia txog kev saib xyuas kev noj qab haus ntawm kuv.



Part 2: General authority of the health care agent / Ntu 2: Txoj cai ntawm tus sawv cev saib xyuas kev noj qab haus huv

To complete this part: / Txhawm ua kom tiav ntu no:

Draw a line through anything in the box below you do **not** want your health care agent to do. For example, it should look like this: ~~Decide on~~ / Kos txoj kab ncaj rau lub thawv koj **tsis** xav kom tus sawv cev saib xyuas kev noj qab haus huv nyob rau lub thawv hauv qab no. Piv txwv tias, nws saib zoo li no: ~~Txiav txim rau~~

I want my health care agent to be able to: / Kuv xav kom tus sawv cev saib xyuas kev noj qab haus huv ua:

- Decide on tests, medicine, surgery and other medical care. If treatment has started, my agent can keep it going or stop it, based on my instructions or my best interests. / Txiav txim rau cov kev ntsuam, tshuaj, phais hlwb thiab kev kho lwm yam. Yog kev kho tau pib lawm, kuv tus neeg sawv cev tuaj yeem tau tuav nws mus los sis nres nws, raws li kuv qhia thiab txiaj ntsig zoo tshaj rau kuv.
- Interpret my instructions based on what he or she knows of my preferences and values. / Qhia nws raws qhov kuv xav tau txog kuv txoj kev nyiam thiab txiaj ntsig ntawm kuv.
- Review and release my medical records and personal files as needed for my medical care. / Ntsuam kho thiab tshaj tawm kuv cov ntaub ntawv kho mob thiab cov ntaub ntawv txog kuv tus kheej uas xav siv rau kuv txoj kev kho mob.
- Arrange for my medical care and treatment in Wisconsin or any other state. / Saib xyuas sij hawm rau kuv txoj kev kho mob thiab mob nkeeg hauv Wisconsin los sis lwm lub lav.
- Decide whether organs or tissues (anatomical gifts) can be donated after my death according to my preferences and values. / Txiav txim tias lub cev los sis khoom hauv nrog cev (khoom plig phais) tuaj yeem yuav pab thaum tom qab kuv tag lub neej txoj sia los sis tsis raws kuv txoj kev nyiam thiab txiaj ntsig ntawm kuv.

Limits on mental health treatment in Wisconsin / Kev txwv txog kev kho mob hauv Wisconsin

Wisconsin law says my health care agent may not admit or commit me to an inpatient facility for mental health treatment. This means that in Wisconsin, my agent cannot admit me to: / Txoj cai hauv Wisconsin hais tias kuv tus saib xyuas kev noj qab haus huv tsis tuaj yeem txais los sis xa kuv mus kho txog paj hlwb. Lub ntsiab lus no hauv Wisconsin tias, kuv tus sawv cev tsis tuaj yeem txais kuv rau:

- an institution for mental diseases / ib lub tsev kho mob siab ntsws
- an intermediate care facility for people with an intellectual disability, or / qhov chaw saib xyuas mob nkeeg rau cov neeg xiam oob khab, los sis
- a state treatment facility for mental health. / lub chaw kho mob hlwb hauv lav.

My health care agent may not agree to any drastic mental health treatments for me. These treatments include experimental mental health research, brain surgery, or electroshock therapy. / Kuv tus neeg saib xyuas kev noj qab haus huv tej zaum yuav tsis pom zoo rau qhov kev kho mob hlwb rau kuv. Cov kev kho mob hlwb no xam nrog kev tshawb fawb kho mob siab ntsws, phais hlwb los sis kev kho siv hluav taws xob .



To complete the next three questions: / Txhawm ua kom tiav peb nqi lus nug txuas ntxiv:

Initial or check the box beside the one statement in each section you agree with. / Pib los sis xaiv lub thawv nyob rau hauv ib daim rau txhua txhua qhov uas koj pom zoo nrog.

In Wisconsin, if you do not mark any box in a section, or you choose “no,” only a court can make the decision and not your health care agent. / Hauv Wisconsin, yog tias koj tsis kos rau lub thawv nyob rau hauv nplooj lawm, los sis yog xaiv “tsis,” tsuas yog tsev txiav txim thiab li txiav txim thiab tsis yog koj tus neeg sawv cev saib xyuas kev noj qab haus huv.

1. Agent authority to make the decision to admit me to a nursing home or community-based residential facility for long-term care. / Tus sawv cev raug txoj cai yuav tau txiav txim txais txais kuv rau tsev laus los sis zej tsoom txhawm kom tau txais txoj kev kho mob mus ntev.

Note: Your health care agent has the authority to admit you to a nursing home or care facility (community-based residential facility) for a **short-term** stay. For example, you might need care to recover after surgery and you expect to go home. / Nco Tseg: Koj tus neeg saib xyuas kev noj qab haus huv muaj cai txais koj rau tsev laus los sis chaw kho mob (zej tsoom txhawm kom tau txais txoj kev kho mob) nyob **sij hawm luv**. Piv txwv, koj tuaj yeem tau txais kev saib xyuas rov qab tom qab phais hlwb thiab koj yuav tau rov mus tsev.

If I need **long-term** care for any reason, then: / Yog kuv xav tau kev kho mob **sij hawm ntev** txhawm qhov kuv xav tau, tom qab ntawv:

Yes, my agent can make the decision to admit me to a nursing home or community-based residential facility for a long-term stay. / **Yog, kuv tus neeg sawv cev tuaj yeem txiav txim** txais kuv mus nyob tsev laus los sis zej tsoom txhawm kom tau nyob ntev.

No, my agent cannot make the decision to admit me to a nursing home or community-based residential facility for a long-term stay. / **Tsis, kuv tus neeg sawv cev tsis tuaj yeem txiav txim** txais kuv mus rau tsev laus los sis zej tsoom txhawm kom tau nyob ntev..

In Wisconsin, choosing “no” or leaving this section blank means I cannot be admitted to a Wisconsin long-term care facility without a court order. / Hauv Wisconsin, xaiv “tsis” los sis cia txhob sau nplooj no muaj lub ntsiab tias kuv tsis tau txais rau hauv Wisconsin sij hawm ntev tshwj yog lo lus txib ntawm tsev txiav txim.

2. Agent authority to make the decision to refuse or have removed a feeding tube and/or IV fluids. / Tus sawv cev raug txoj cai yuav tau txais kev txiav txim tsis txaus siab los sis txoj hlab pas thiab/los sis cov hlab ntshav plawv.

Yes, my agent can make the decision to refuse or stop tube feedings and/or IV fluids. / **Yog, kuv tus sawv cev txiav txim** tsis txaus siab thiab nres txoj hlab pas thiab/los sis cov hlab ntshav plawv.

No, my agent cannot make the decision to refuse or stop tube feedings and/or IV fluids. / **Tsis, kuv tus sawv cev tsis txiav txim** tsis txaus siab thiab nres txoj hlab pas thiab/los sis cov hlab ntshav.

In Wisconsin, choosing “no” or leaving this section blank means feeding tubes and IV fluids cannot be refused or stopped without a court order. / Hauv Wisconsin, xaiv “tsis” cia txhob sau nplooj no muaj lub ntsiab tias tsis tuaj yeem tsis txaus siab txoj hlab pas thiab/los sis cov hlab ntshav los sis tau nres tshwj yog lo lus txib ntawm tsev txiav txim.

3. Agent authority to make health care decisions during pregnancy. / Tus sawv cev raug txoj cai yuav tau txiav txim sij hawm thaum lub cev xeeb tub.

Yes, my agent can make health care decisions for me if I am pregnant. / **Yog, kuv tus sawv cev tuaj yeem** txiav txim siab tau yog kuv xeeb tub.

No, my agent cannot make health care decisions if I am pregnant. / **Tsis, kuv tus sawv cev tsis tuaj yeem** txiav txim siab yog kuv xeeb tub.

This does not apply to me. / Qhov no yuav tsis tau siv rau kuv.

In Wisconsin, choosing “no” or leaving this section blank means health care decisions cannot be made for me while I am pregnant without a court order. / Hauv Wisconsin, xaiv “tsis” cia txhob sau nplooj no muaj lub ntsiab tias tsis txiav txim rau kuv thaum kuv xeeb tub tshwj yog lo lus txib ntawm tsev txiav txim.



Part 3: Statement of desires, care instructions or limits / Ntu 3: Lus qhia txog kev xav tau, qhia txoj kev saib xyuas los sis cov kev txwv

Part 3 allows you to make your preferences clear. Your health care agent and your doctors will refer to this section as they care for you. If you did not name a health care agent or if your health care agent cannot be reached, you can direct your care with the choices you make below. You should talk with your health care agent about the kind of care you want, even if you don't make choices in this section. / Ntu 3 pom zoo koj ua yam koj xaiv. Koj tus saib xyuas kev noj qab haus huv thiab koj tus kws kho mob yuav qhia koj nplooj no xws li lawv saib xyuas koj. Yog tias koj tsis rau koj lub chaw saib xyuas kev noj qab haus huv los sis yog tias koj tiv toj tsis tau koj tus saib xyuas kev noj qab haus huv, koj tuaj yeem qhia tus saib xyuas koj li qhov kev xaiv hauv qab no. Koj yuav tsum tham nrog koj tus saib xyuas kev noj qab haus huv txog yam koj xav tau, yog tias koj tsis xaiv nyob rau nplooj no.

You are not required to complete this part of the document. / Koj tsis tau raug hais ua kom tiav nyob rau ntu ntwav no.

To complete this part: / Txhawm ua kom tiav ntu no:

Initial or check the box beside the one statement you agree with. / Pib los sis xaiv lub thawv nyob rau hauv ib daim uas koj pom zoo nrog.

You may add **other specific care instructions** on page 7-8. / Koj tuaj yeem ntxiv **lus qhia lwm yam rau** nplooj ntwav 7-8.

1. Treatments that may prolong life if I am in this situation. / Cov kev kho mob tuaj yeem yuav pab tau koj ciaj yog tias koj poob rau txoj kev phom sij no.

If I am sick or injured and my doctors believe there is little chance I will recover the ability to know who I am, who my family and friends are, or where I am, this is my choice: / Yog tias kuv mob taub hau los sis rau mob thiab kuv tus kws kho mob ntseeg tias txoj hmoo zoo muaj tsawg kawg kom kuv rov paub txog tias kuv yog leej twg, leej twg yog kuv tsev neeg thiab phooj ywg, los sis kuv nyob qhov twg, no yog txoj kev kuv xaiv:

I want to refuse or stop all treatments. Some examples are a machine that breathes for me (respirator/ventilator), feeding tubes, blood products, antibiotics, or fluids given to me through an IV, treatments for chronic medical conditions, or other medications. / **Kuv tsis txaus siab thiab nres txhua yam kev kho mob.** Qee qhov piv txwv tias muab tshuab pab kuv ua pa (ntaub nplog ntsej muag/tshuab pab ua pa), txoj hlab pas, hom ntshav, tshuaj tua kab mob, los sis cov hlab ntshav hauv lub plawv, kev kho mob, los sis lwm yam tshuaj.

I want to receive all treatments to keep me alive, unless my doctor determines the treatments would harm me more than help me. / **Kuv xav tau txais txhua yam kev kho mob kom kuv muaj sia,** kom txog thaum tias kuv tus kws kho mob qhia kuv tias yuam kev kho mob no yuav muaj kev phom sij rau kuv ntau dua qhov yuav pab kuv.

With either choice, I understand I will be kept clean and comfortable. I will continue to receive pain and comfort medicines, and food and fluids by mouth if I can swallow safely. / Nrog rau txoj kev xaiv, kuv nkag siab tias kuv yuav nyob kom huv si thiab kaj siab. Kuv thov txais tshuaj txuas ntxiv kom zoo kuv qhov mob thiab zoo li tej khoom noj, thiab cov dej ntwam qhov ncauj yog tias kuv tuaj yeem noj ib zaug uas tsis ua cas.

2. Cardiopulmonary resuscitation (CPR). / Pab kom plawv dhia (CPR).

Based on my current health, this is my choice about CPR if my heart or breathing stops. / Raws kuv tus kab mob ziang no, no yog kuv txoj kev xaiv txog CPR yog tias kuv lub plawv los sis plawv dhia yuav nres.

I want CPR attempted **unless** my doctor determines: / Kuv xav sim ua CPR **tshuj tias** kuv tus kws kho mob tsis pub:

- I have a medical condition and no reasonable chance of survival with CPR, / Kuv muaj mob thiab kuv tsis muaj caij yuav muaj txoj sia nrog rau CPR, OR / LOS SIS
- CPR would harm me more than help me. / CPR yuav ua kev phom sij ntau dua qhov pab kuv.

I do not want CPR. Let me die a natural death. / Kuv tsis xav ua CPR. Cia kuv tuag raws txoj hmoo.

If you do not want emergency personnel to give you CPR, you will need to talk to your doctor about other documents you need. / Yog koj tsis xav kom cov tub pab hauj lwm ua CPR pab koj, koj yuav tau nrog koj tus kws kho mob sib tham txog lwm yam ntaub ntwav koj xav tau.



Specific care instructions to meet my goals and preferences in certain situations: / Qhia txog txoj kev kho mob tshwj xeeb kom tau raws li koj txoj kev nyiam nyob rau ziag no:

Comfort preferences: These things are important to me for comfort (for example, favorite music, warm blankets, best positioning in bed). / **Xaiv raws siab:** Cov khoom ntawv nws tseem ceeb rau kuv xaiv ywj siab (piv txwv li, zaj nkauj kuv nyiam, daim pam sov, qhov chaw zoo tshaj nyob zaum lub txaj).

Including others when making decisions about my care: (If there is time, try to include these people in my care decisions.) / **Muaj xws thaum koj txiav txim txog koj txoj kev kho lwm yam:** (Yog tias muaj sij hawm, ua tiag txiav txim muab cov neeg no nkag mus rau txoj kev kho mob.)

If I am near death and cannot communicate, I want to give my friends and family these personal messages: / Yog thaum kuv yuav tuag thiab tham tsis tau lus, kuv xav sau ntawv txog kuv tus kheej rau kuv cov phooj ywg thiab kuv tsev neeg xws li:



If I am near death, things I would want: (For example, favorite music, rituals, dim lighting, a visit from the hospital chaplain or someone from my faith community.) / **Yog tias kuv yuav tuag, yam kuv xav tau:** (Piv txwv li, zaj nkauj kuv nyiam, lub ntees, duab pos huab, tus saib xyuas ntawm tsev kho mob los sis ib tus twg ntawm pawg kus ntseeg siab.)

To complete this part: / Txhawm ua kom tiav ntu no:

Initial or check the box beside the statement you agree with. / Pib los sis xaiv lub thawv nyob rau hauv ib daim uas koj pom zoo nrog.

After my death, these are some of my preferences: / Tom qab kuv tuag, ntawv yog qee yam uas kuv xaiv:

1. Donation of my organs or tissue (anatomical gifts) / Kev muab kuv tej siab ntsws los sis cov khoom hauv kuv lub nrog cev (khoom plig khoom hauv nrog cev)

Examples of organs are kidney, liver, heart, and lungs. Examples of tissue are eyes, skin, bones, and heart valves. / Piv txwv li po, siab, plawv, thiab ntsws. Piv txwv li khoom nraum daim ntawv kuv muaj qhov muag, daim tawv, pob txha, thiab hlab plawv.

- A. I do not wish to donate any part of my body. / Kuv tsis muab txhua yam ntawm kuv lub cev rau lwm tus
- B. After I die, I wish to donate any parts of my body that may help others.* / Tom qab kuv tuag, kuv thov muab qee yam tseem zoo hauv kuv lub nrog cev pab rau lwm tus tib neeg.*
- C. After I die, I wish to donate **only** these organs and tissue:.* / Tom qab kuv tuag, kuv txaus siab muab qee yam hauv kuv lub nrog cev **xwb**:* _____

*If you checked B or C, register in your state at www.DonateLife.net to make your preferences legal. / *Yog koj tau xaiv B los sis C, sau npe rau hauv lav rau ntawm www.DonateLife.net kom koj tau ua raws li kev cai lij choj.

2. Autopsy preference / Xaiv qhov kev kuaj lub nrog cev

Initial or check one box OR both B and C. / Pib thiab xaiv ib qhov hauv lub thawv los sis xaiv tag nrho ob kho B thiab C.

- A. I do not wish to have an autopsy. / Kuv tsis xav cia kuaj kuv lub cev.
- B. I would accept an autopsy if it can help my relatives and/or loved ones understand the cause of my death or if the findings may help them make their own health care choices. / Kuv txaus siab cia kuaj kuv lub cev yog tias yuav pab tau tus kheej thiab/ los sis tus kuv hlub nkag siab txog qhov kuv tuag los sis yog tias pom qhov pab tau lawv txiav txim saib xyuas kev noj qab haus huv ntawm lawv tus kheej.
- C. I would accept an autopsy if it can help advance medical knowledge or medical education. / Kuv txaus siab cia kuv kuv lub nrog cev yog tias nws muaj qhov yuav pab tau fab kev paub txog kho mob los sis kawm ntawm kev kho mob.



Part 4: Making the document legal / Ntu 4: Ua cov ntaub ntawv raws kev cai lij choj

In Wisconsin: This document must be signed and dated **in the presence of two witnesses** who meet the qualifications explained below. A notary public cannot be used instead of the two witnesses. / **Hauv Wisconsin:** Daim ntawv no yuav tsum tau kos npe thiab sau hnuv tim **muaj ob tus ua pov thawj** raug raws txoj cai li hais hauv qab no. Lub chaw hauj lwm ntaus thwj tsis tuaj yeem los hloov tau ob tus ua pov thawj.

In Minnesota or Iowa: This document must be signed and dated **either in the presence of two witnesses** who meet the qualifications explained below **OR in the presence of a notary public.** / **Hauv Minnesota los Iowa:** Daim ntawv no yuav tsum tau kos npe thiab sau hnuv tim **uas ob tus ua pov thawj muaj ntsej muag koom nrog** raug raws txoj cai li hais hauv qab no **LOS SIS tus sawv cev ntaus thwj.**

My signature and date / Kuv kos npe thiab hnuv tim

I am of sound mind. I agree with everything written in this document. / Kuv yog tus neeg siab zoo. Kuv pom zoo rau txhua yam tau sau nyob rau hauv daim ntawv no.

I have completed this document of my free will. / Kuv tau ua tiav daim ntawv raws li kuv txoj kev ywj pheej.

My signature / Kuv kos npe _____ Date / Hnuv tim _____

If I cannot sign my name, I ask (print name) to sign for me. / Yog tias kuv tsis tuaj yeem kom lub npe, kuv nug (luam lub npe) _____ kom kos npe rau kuv.

Signature of the person I asked to sign for me / Tus neeg kuv hais kom kos npe rau kuv kos npe _____



Statement of witnesses / Nplooj rau cov Pov thawj

A. By signing this document as a witness, I certify I am: / Txhawm rau tus neeg ua pov thawj kos npe rau daim ntawv no, kuv cov lus tias kuv yog:

- At least 18 years old. / Hnub nyug yuav tsum dhau 18 xyoo.
 - Not related by blood, marriage, domestic partnership, or adoption to the person signing this document. / Tsis muaj kev txheeb ze los ntawm roj ntsha, niam txiv, phooj ywg zoo los sis tub tu rau tus los kos npe hauv daim ntawv no.
 - Not a health care agent appointed by the person signing this document. / Tsis yog tus sawv cev saib xyuas kev noj qab haus huv los kos npe rau hauv daim ntawv no.
 - Not directly financially responsible for this person’s health care. / Tsis lav paub txog nyiaj txiag rau tus neeg saib xyuas kev noj qab haus huv no.
 - Not a health care provider directly serving the person at this time. / Tsis yog tus pab saib xyuas kev noj qab haus huv qhia rau tus neeg nyob sij hawm no.
 - Not an employee of a health care provider directly serving the person at this time. / Tsis yog tus tub ua hauj lwm ntaws kws saib xyuas kev noj qab haus huv qhia rau tus neeg nyob sij hawm no.
- In Wisconsin**, social workers and chaplains may serve as witnesses even if employed by the health care provider. / **Hauv Wisconsin**, cov neeg ua hauj lwm hauv zej zog thiab cov txiv plig tuaj yeem ua pov thawj txhawm yog tias tau ua hauj lwm los ntawm chaw pab saib xyuas kev noj qab haus huv.
- Not aware that I am entitled to or have a claim against the person’s estate. / Tsis paub tias kuv muaj cai tau txais los sis muaj kev foob tawm tsham tus neeg cov cuab yeej cuab tam.

B. I know this to be the person identified in the document. I believe this person to be of sound mind and at least 18 years old. I personally witnessed this person sign this document, and I believe that this person did so voluntarily. / Kuv paub qhov no yog tus neeg tau sau npe nyob rau hauv daim ntawv no. Kuv ntseeg tias tus neeg no yog tus muaj tswv yim thiab hnub nyug 18 nce. Kuv tus kheej pom tau tias tus neeg no yog tus kos npe hauv daim ntawv no, thiab kuv ntseeg tias ntawv yog kev txaus siab ntawm tus neeg no.

Witness Number One: / Tus pov thawj Thib Ib:

Signature / Kos npe _____ Date / Hnub tim _____

Print name / Lub lub npe _____

Address / Chaw nyob _____

City / Nroog _____ State/ZIP / Lav/ZIP _____

Witness Number Two: / Tus pov thawj Thib Ob:

Signature / Kos npe _____ Date / Hnub tim _____

Print name / Lub lub npe _____

Address / Chaw nyob _____

City / Nroog _____ State/ZIP / Lav/ZIP _____



Instructions for notarization (Minnesota or Iowa only) / Kev qhia rau ua cov ntau ntawv (Tsuas yog haus Minnesota los sis Iowa xwb)

Residents of Iowa and Minnesota may have the document signed and stamped by a notary public authorized in their state instead of two witnesses. / Cov nyob hauv Iowa thiab Minnesota yuav tau kos npe thiab ntaus thwj rau hauv daim ntawv los ntawm chaw hauj lwm ua rau cai nyob rau lawv lub lav txhawm rau kom muaj ob tus ua pov thawj.

Notary Public: / Notary Public:

In the state of Minnesota/Iowa (circle one), County of / Lav hauv Minnesota/Iowa (ib voj voog), Lub nroog ntawm _____.

In my presence on (date), (name) / Hauv kuv xub ntiag ntawm _____ (hnuv tim), _____ (npe)

acknowledged his or her signature on this document or authorized the person signing this document to sign on his or her behalf. I am not named as a health care agent or alternate health care agent in this document. / Lees nws tus zauv kos npe nyob hauv daim nplooj ntawv no los sis tso cai rau lwm tus sawv cev kos npe rau daim nplooj ntawv no. Kuv tsis tus saib xyuas kev noj qab haus huv npe los sis tus sawv cev chaw saib xyuas kev noj qab haus huv hauv daim ntawv no.

Signature of notary / Tus tswv thwj poj thawj kos npe

Title (and rank) / Ncauj lus (thiab qib)

My commission expires (date): / Kuv lub luag hauj lwm tag sij hawm (hnuv tim): _____