

DO NOT HOSPITALIZE

I, _____, being over the legal age required by law and of sound mind do voluntarily and intentionally make known my desire and will that a **Do Not Hospitalize Order** be placed in my medical records.

I direct that:

1. I not be hospitalized (as provided by state law) for any condition for which I may receive the same type medical treatment in my own residence (home or care facility);
2. I not be subjected to diagnostic testing of possible illnesses or diseases for which treatment would not be expected to positively contribute to my quality of physical and mental life;
3. I am hospitalized only after the attending physician and I, or the attending physician and my health care surrogate deem hospitalization to be absolutely necessary for my comfort and/or pain control.

In the event I have a hopeless (not necessarily terminal in the legal sense) condition as determined by at least two licensed medical physicians (more if required by state law) who have personally examined me and determined there is no reasonable medical probability of my recovery from said condition to a meaningful quality of physical and mental life, I direct that my treatment be one of comfort measures only and that treatment be limited to pain management and comfort.

I fully understand I will only be hospitalized after the attending physician and I, or the attending physician and my health care surrogate have determined hospitalization to be absolutely necessary for my comfort and/or pain management. I fully understand that I may revoke this directive at anytime.

I understand the importance of this decision; I am competent to make this decision; and I voluntarily and freely sign this on (date) _____ in the presence of witnesses.

Patient's Signature: _____

Print Full Name: _____

Address: _____

City / State / Zip: _____

Witness Signature: _____

Print Full Name: _____

Address: _____

City / State / Zip: _____

Witness Signature: _____

Print Full Name: _____

Address: _____

City / State / Zip: _____

Acknowledgment: *[Notarize if required by State Law]*

State of: _____ County of: _____

On this date _____ before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that (she/he) _____ executed the same as (her/his) _____ free act and deed.

Notary Public _____ My commission expires: _____