



**Adamson & Adamson Lawyers**  
BARRISTERS AND SOLICITORS

**INSTRUCTIONS FOR AN ADVANCE HEALTH DIRECTIVE**

**NOTE THAT an Advance Health Directive only comes into effect if you are unable to make reasonable judgements about the treatment decision at the time that the treatment is required.**

**YOUR DETAILS**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**TREATMENT DECISION**

1. In the following circumstances:

\_\_\_\_\_  
\_\_\_\_\_

I **consent** to the following treatment:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

2. In the following circumstances:

\_\_\_\_\_  
\_\_\_\_\_

I **consent** to the following treatment:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_



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d) \_\_\_\_\_

**OPTIONAL STATEMENT ABOUT MEDICAL OR LEGAL ADVICE**

**We advise that you should (but are not required to) seek both medical and legal advice before making your advance health care directive;**

**You do not have to say anything in your advance health directive about whether or not you have sought or obtained medical or legal advice.**

1. Before making this advance health care directive:

a. I did not obtain **medical advice** about making the advance health directive

b. I obtained **medical advice** about making the advance health directive from

\_\_\_\_\_

c. I would like this to be acknowledged in my advance health directive

d. I do not want this mentioned in my advance health directive

2. Before making the advance health directive:

a. I obtained **medical advice** about making the advance health directive from

\_\_\_\_\_

b. I did not obtain **legal advice** about making the advance health directive  AND

i. I do not want **legal advice**

ii. I would like **legal advice**  **Note additional charges apply for legal advice**

c. I **would like this acknowledged** in my advance health directive

d. I **do not want this mentioned** in my advance health directive

**ENDURING POWER OF GUARDIANSHIP**

3. Please tick one of the following:

I do not have an Enduring Power of Guardianship,

I have an Enduring Power of Guardianship AND;

I would like this acknowledged in my Advance Health Directive;

I do not want this mentioned in my Advance Health Directive.

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**SIGNING ADVANCE HEALTH DIRECTIVE**

I wish to make an appointment with Adamson & Adamson Lawyers to sign my Advance Health Directive.

My contact numbers are: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ **or;**

Please send my Enduring Power of Attorney to me together with an instruction sheet on how to sign it.

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