

STATEMENT OF INTENT CONCERNING RESUSCITATION

1. In the event that I become irreversibly and terminally ill, I wish to have appropriate care and comfort for me as offered within this retirement home. I understand that this will exclude the use of any aggressive resuscitative devices.

RESIDENT \_\_\_\_\_

RESIDENT'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RESPONSIBLE PERSON'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

2. In the event that I become irreversibly and terminally ill, I wish to be transferred to a hospital where aggressive resuscitation devices are available.

RESIDENT \_\_\_\_\_

RESIDENT'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RESPONSIBLE PERSON'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Reviewed 10/20/03