

# LIFECARE

## NEW YORK ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL DECLARATION</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status / Potential Score Values:</i></b>	<b><i>Score:</i></b>
1. <i>(Introduction only)</i>	N/A	N/A
2. Instructions Deferred <i>(if yes, skip to #47).</i>	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4-5. <i>(Information/instructions only)</i>	N/A	N/A
6. “Current” <i>(evaluate case-by-case)</i>	Yes ____ / No ____	N/A
7. “Terminal”	Yes/Undecided (20); No (80)	_____
8. “Home”	Yes ____ / No ____	N/A
9. “Hospice”	Yes ____ / No ____	N/A
10. “Delaying”	Yes/Undecided (6); No (94)	_____
11. “Vegetative”	Yes/Undecided (3); No (97)	_____
12. “Severe damage”	Yes/Undecided (4); No (96)	_____
13. “Infant-like”	Yes/Undecided (3); No (97)	_____
14. “Child-like”	Yes/Undecided (20); No (80)	_____
15. “Mind fail”	Yes/Undecided (20); No (80)	_____
16. “Personal care”	Yes/Undecided (25); No (75)	_____
17. “Pain”	Yes/Undecided (15); No (85)	_____
18. “Machines”	Yes/Undecided (20); No (80)	_____
19. “Overall function” <i>(score first entry only)</i>	Yes (65); Left Blank (35)	_____
20. “Facility”	Yes/Undecided (20); No (80)	_____
21. “Family pay” <i>(options)</i>	N/A	N/A
22. “Also wish”	Defer/Blank (30); Stop (70)	_____

23. "Family care" (options)	N/A	N/A
24. "Also wish"	Defer/Blank (20); Stop (80)	_____
25. (Information only)	N/A	N/A
26. "Certain"	Positive (25); High (50); Reasonably (75)	_____
27. "Second"	N/A	N/A
28. "Conflict"	Prolong (20); Stop (80)	_____
29. (Information only)	N/A	N/A
30. "Artificial"	Include (70); Unsure/Not (30)	_____
31. "Double"	Limited/Unsure (10); Full (90)	_____
32. "Personal/Religious" (instructions only)	Yes _____ / No _____	N/A
33. "Organ/Tissue" (instructions only)	Yes _____ / No _____	N/A
34. "Postponed" (instructions only)	Yes _____ / No _____	N/A
35-37. "Review"	Yes _____ / No _____	N/A
38. "Pregnancy Limitations"	Yes _____ / No _____	N/A
39. "Capacity Confirmation" (statement only)	N/A	N/A
40. Use of "DNR" Orders	Yes _____ / No _____	N/A
41. "Statement" (information only)	N/A	N/A
42. "Signed"	Yes _____ / No _____	N/A
43-44. "Signature Assistance"	Yes _____ / No _____	N/A
45-46. "Witnesses" (two entries)	Yes _____ / No _____	N/A
	TOTAL SCORE	_____
TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 (low risk)	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1325-1442 (moderate risk)	
25 - 49 <sup>th</sup> Percentile	1184-1324 (high risk)	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1020-1183 (extreme risk)	
Lower 15 Percent	406-1019 (graphic risk)	

SECTION I COMPLETION RATING:	_____ of 32 Entries.
<b>SECTION II: NAMING A HEALTH CARE AGENT</b>	
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
47. (Introduction only)	N/A
48. Name Entered	Yes _____ / No _____
49. Intent to Appoint	Yes _____ / No _____
50. Appointment Name Entered	Yes _____ / No _____
51. (Instructions only)	N/A
52. First Alternate Named	Yes _____ / No _____
53. Second Alternate Named	Yes _____ / No _____
54. (Instructions only)	N/A
55. Guardian/Conservator Nominated	Yes _____ / No _____
56. Primary MD Nominated	Yes _____ / No _____
57. Alternate MD Nominated	Yes _____ / No _____
58. Authorities Granted	_____ of 17 Indicated
59-62. (Instructions only)	N/A
63. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
64. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
65. Agent Decision-Making Latitude	Yes _____ / No _____
66. Agent Visitation Authority	Yes _____ / No _____
67. Specific Persons Limited	Yes _____ / No _____
68-71. Agent Authority Limitations	Yes _____ / No _____
72. Agent Consult Options Indicated	Yes _____ / No _____
73. Specific Agent Consults Selected	Yes _____ / No _____
74. Activation of Powers	Yes _____ / No _____
75. Document Expires	Yes _____ / No _____

76-77. <i>(Instructions only)</i>	N/A
78. Other Directives Listed	Yes ____ / No ____
79-82. <i>(Instructions only)</i>	N/A
83. Agent Signed Acceptance	Yes ____ / No ____
84. <i>(Instructions only)</i>	N/A
85. First Alternate Signed Acceptance	Yes ____ / No ____
86. Second Alternate Signed Acceptance	Yes ____ / No ____
87. <i>(Instructions only)</i>	N/A
88. Principal Signature	Yes ____ / No ____
89-90. Signature Assistance	Yes ____ / No ____
91-92. <i>(Instructions only)</i>	N/A
93-94. Both Witnesses Signed	Yes ____ / No ____
95. <i>(Instructions only)</i>	N/A
96-97. Advocate Required/Signed	Yes ____ / No ____
98. Notarization	Yes ____ / No ____
99. <i>(Instructions only)</i>	N/A
100. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 29 Entries.

**CONCLUDING CONCERNS** (*issues regarding content, signing, witnessing, etc*):

REVIEWED BY:

DATE: