

Advance Health Care Directive Wallet Card

Instructions: Fill in the blanks, cut out the rectangle, fold it in half, and insert in your wallet.

NOTICE TO HEALTH CARE PROVIDERS

I have signed an Advance Health Care Directive pursuant to Cal. Probate Code § 4600 et seq. This directive contains a Power of Attorney for Health Care and/or Individual Health Care Instructions. If I become or am found legally incapable to make decisions regarding my health care, this document is to be seen as the vehicle through which I have expressed my decisions regarding health care, including mental health treatment.

Name: _____

Address: _____

Signature: _____ Date: __/__/20__

NOTICE TO HEALTH CARE PROVIDERS

On __/__/20__, I signed an Advance Health Care Directive pursuant to California Probate Code §4600 et seq. I designated the following person(s) as my agent to make health care, including mental health treatment, decisions:

1. Name: _____, Tel: ___-___-_____

2. Name: _____, Tel: ___-___-_____

3. Name: _____, Tel: ___-___-_____

The following persons have copies of my Directive:

1. Name: _____, Tel: ___-___-_____

2. Name: _____, Tel: ___-___-_____