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## INSTRUCTIONS FOR AN ADVANCE HEALTH DIRECTIVE

**NOTE THAT an Advance Health Directive only comes into effect if you are unable to make reasonable judgments 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 **refuse** consent to the following treatment:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

### 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 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 directive:

- a) I did not obtain **medical advice** about making it.

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- b) I obtained **medical advice** about making it.  I obtained that medical advice from \_\_\_\_\_;
- c) I would like this acknowledged in my Advance Health Directive;
- d) I do not want this mentioned in my Advance Health Directive.

### 2. Before making this advance health directive:

- a) I obtained **legal advice** about making it.  I obtained that legal advice from \_\_\_\_\_;
- b) I did not obtain **legal advice** about making it  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 do 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.

### SIGNING ADVANCE HEALTH DIRECTIVE

- I wish to make an appointment with Butcher Paull & Calder to sign my Advance Health Directive.  
My contact numbers are (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_; **OR**
- Please send my Advance Health Directive to me together with an instructions sheet on how to sign it.