

Washington, D.C. Advance Directive Checklist

Before You Begin:

- ☐ Identify someone you trust as your Health Care Agent
- ☐ Discuss your medical values and wishes with them
- ☐ Download or print the D.C. Advance Directive form

Part 1: Durable Power of Attorney for Health Care

- ☐ Fill in your full name, address, and date of birth
- ☐ Name your primary Health Care Agent
- ☐ Provide their phone and email
- ☐ Name an alternate agent (optional)
- ☐ Add any limits to their authority (optional)

Part 2: Declaration of Advance Instructions (Living Will)

Choose and check your preferences for:

- ☐ Life-sustaining treatments
- ☐ CPR / Do-Not-Resuscitate
- ☐ Mechanical ventilation
- ☐ Feeding tube and IV fluids
- ☐ Pain management/comfort care
- ☐ Organ donation
- ☐ Spiritual or cultural wishes (optional)

Part 3: Signatures

- ☐ You sign and date the form
- ☐ Two witnesses sign (not your agent or caregivers)

Part 4: Store and Share

- ☐ Give a copy to your Health Care Agent
- ☐ Give copies to family members
- ☐ Upload to your medical portal if available
- ☐ Keep one accessible at home
- ☐ Review every 1–2 years

You're done! Your wishes are now protected.