Health direction

UNDER THE *MEDICAL TREATMENT (HEALTH DIRECTIONS) ACT 2006*,
SECTION 21, FOR SECTION 7.

IMPORTANT NOTICE:

- This direction will not be valid if it is inconsistent with an enduring power of attorney for a heath care matter under the *Powers of Attorney Act 2006* that you have previously given (and not subsequently revoked).

- This direction will be revoked if you later make an enduring power of attorney for health care matters. You can also revoke this direction by clearly expressing to a health profssional or someone else a decision to revoke the direction.

- Subject to the above, the power to make decisions relating to the withholding or withdrawal of medical treatment to you will now be excersied according to your instructions on this form.

1

I, *[insert full name]*

of *[insert address]*

Direct that—   *(a)   medical treatment generally be withheld or withdrawn; or

*(b)   the following medical treatment: *(specify particular kind of treatment)*

be withheld or withdrawn. NOTE: delete (a) or (b)

2

I **REVOKE** all directions previously made by me under the *Medical Treatment Act 1994* and all other directions made by me under the *Medical Treatment (Health Directions) Act 2006*.

3

I **CERTIFY** that this direction is made voluntarily and without inducement or compulsion.

4

I **CERTIFY** that I am an adult, who does not have a guardian appointed or have impaired decision-making capacity.

(a) *Signature of person making the direction (or of someone else signing in the presence of and by the direction of the maker of the direction).*

Date | D | D | M | M | Y | Y | Y | Y

(b) If someone else signed the form at the direction of the person making the direction, the full name and address of person signing.

Date | D | D | M | M | Y | Y | Y | Y

NOTE: Delete (a) or (b). It is recommended that you sign (or someone else who signs this form by your direction) also at the foot of the first page.

WITNESSES

NOTE: The witnesses must sign in the presence of each other and the person making the direction.

Witness 1
(a) *Signature*

Date | D | D | M | M | Y | Y | Y | Y

Name and occupation

Address

Witness 2
(a) *Signature*

Date | D | D | M | M | Y | Y | Y | Y

Name and occupation

Address