

## Health Care Directive

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A health care directive is a written document that informs others of your wishes about your health care. Creating a health care directive is important to planning for your future; by completing this document, you've chosen to give your loved ones an important gift by writing down what matters most for your health care preferences.

We've made it easy to complete all the recommended dimensions of your directive, guiding you through the process of thinking about medical, emotional, social, financial and spiritual considerations.

**Add here: [overview](#) / [directions on how to use the HCD tool.](#)**

**Your Health Care Directive is Loading.**



*Directive is for Minnesota. [Change](#)*





**Prepare Your Directive**  
26% Complete

**Prepare Your Directive**  
Complete

### Prepare Your Directive

Preparing is the first step in gathering information regarding your health care preferences.

Please take your time in thoughtfully answering these questions. Advance care planning helps your loved ones gain a better sense of your preferences and wishes related to health care and provides information in case illness or injury prevents you from telling them yourself.

0/1	<b>Statement of Intent</b> Brief description of what this is.	
1/6	<b>My Health Care Agent</b> Brief description of what this is.	
2/10	<b>My Health Care Instructions</b> Brief description of what this is.	
2/9	<b>My Quality of Life</b> Brief description of what this is.	

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### Prepare Your Directive

Preparing is the first step in creating your directive. In the following sections, we will ask you to provide information regarding your health care preferences and designations.

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- 0/1

**Statement of Intent**

Brief description of what this is.

+
- 1/6

**My Health Care Agent**

Brief description of what this is.

+
- 2/10

**My Health Care Instructions**

Brief description of what this is.

+
- 2/9

**My Quality of Life**

Brief description of what this is.

+

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0/1	<b>Statement of Intent</b> Brief description of what this is.	+
1/6	<b>My Health Care Agent</b> Brief description of what this is.	—
	Introduction	START
	Powers of Agent	START
	Limitations	START
	Agent Selection	START
✓	Preferences	EDIT
	Completing this Chapter	START
2/10	<b>My Health Care Instructions</b> Brief description of what this is.	+
2/9	<b>My Quality of Life</b> Brief description of what this is.	+

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0/1
**Statement of Intent**  
Brief description of what this is.
—

#### My Health Status

Step 1 of 1

I have created this document with thought for my treatment choices and personal preferences in case I am unable to communicate my wishes or make my own health care decisions. **Any previous directive documents are no longer legal or valid.**

A professional medical interpreter helped me complete this document.

A professional medical interpreter helped me complete this document.

Clear Form  Reset

**This document was completed at a time when I was:**

- In good health with no medical problems or conditions.
- Fair to good health and actively treating one more more medical conditions.
- Fair to poor health and living with a serious illness.
- At the end of my life with a serious illness.

In good health with no medical problems or conditions.

DONE

<
BACK TO LIST
>

- 1/6
**My Health Care Agent**  
Brief description of what this is.
+
- 2/10
**My Health Care Instructions**  
Brief description of what this is.
+
- 2/9
**My Quality of Life**  
Brief description of what this is.
+