

# TAXIOM SOLUTIONS

## Healthcare Directive Intake Form

### CLIENT INFORMATION

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### HEALTHCARE SURROGATE INFORMATION

Primary Healthcare Surrogate Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Surrogate (Optional): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### AUTHORITY PREFERENCES

Allow surrogate to make all healthcare decisions if I am unable.

Allow surrogate access to medical records (HIPAA authorization).

Allow surrogate to make end-of-life decisions.

### LIVING WILL PREFERENCES

If I have a terminal condition or permanent unconsciousness:

Withhold life-prolonging procedures.

Continue life-prolonging procedures.

Allow surrogate to decide.

Artificial Nutrition and Hydration:

Withhold  Continue  Surrogate Decision

ORGAN DONATION (Optional)

Yes  No  Already Registered

#### ACKNOWLEDGMENT

I understand Taxiom Solutions is not a law firm and does not provide legal advice.

Documents are prepared solely based on the information I provide.

If legal advice is needed, I will consult a licensed attorney.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*Prepared by Taxiom Solutions - Document Preparation & Notary Services*