

WARNING: This is a universal medical power of attorney template built to meet the requirements of most but not all states. We strongly recommend using a state-specific form.

State of _____

POWER OF ATTORNEY FOR MY HEALTH CARE

A Simple Health Care Advance Directive

This form combines the many different state legal requirements into a “universal” legal form that is intended to meet the basic requirements in most states. This form has space so you can add any special instructions or limitations you wish to include. But remember, this form is a basic Health Care Power of Attorney. It is not meant for a lengthy statement of your wishes and preferences. Remember, you should discuss your wishes and priorities directly with your agent and with others who are close to you.

INFORMATION ABOUT THE PRINCIPAL

Principal's Full Name

Principal's Street Address

City

State

Zip Code

Principal's Daytime Phone

Principal's Other Phone

Principal's Birthday

Principal's Email Address

WHO WILL BE YOUR HEALTH CARE AGENT?

Agent's Full Name

Agent's Street Address

City

State

Zip Code

Agent's Daytime Phone

Agent's Other Phone

Agent's Email Address

