

## 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 health 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 professional 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 exercised according to your instructions on this form.*

1. I, (full name) .....

of (address).....

.....

DIRECT that—

\**(a)* medical treatment generally be withheld or withdrawn; or

\**(b)* the following medical treatment:

.....

.....(*specify particular kind of medical 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be withheld or withdrawn.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: \_\_\_\_\_

(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:

**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**

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

**Witnesses**

**Signature of witness 1:**.....

Date:

Name and occupation of witness 1:

.....

Address:

.....

**Signature of witness 2:**.....

Date:

Name and occupation of witness 2:

.....

Address:

.....