

My Advance Care Plan

“Communicating My Healthcare Wishes”

Life-Sustaining Treatment During Pregnancy Attachment

If you wish to provide additional instructions or modifications to instructions you have already given regarding life-prolonging procedures that will apply if you are pregnant at the time your attending physician determines that you have a terminal condition, you may do so here.

Name: _____ **Social Security Number:** XXX - XX - _____

Address: _____ **City:** _____ **State & ZIP:** _____

Phone: (_____) _____ - _____ **Date of Birth:** _____ - _____ - _____

Sentara Healthcare Advance Directive

USLWR Source Code 36901001

Date: _____ **20**_____

If I am pregnant when my attending physician determines that I have a terminal condition, my decisions concerning life-prolonging procedures shall be modified as follows:

My signature (required)

Date

TWO WITNESS SIGNATURES REQUIRED

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

NOTE: This attachment is intended to be part of your Advance Care Plan (Advance Directive). Please initial the appropriate box on your Advance Care Plan to indicate it is your intention for this attachment to be included in your Advance Care Plan.