

	Last Name/First/Middle Initial
	Address
	City/State/Zip
	Date of Birth (mm/dd/yyyy)

DESIGNATION OF HEALTHCARE DECISION MAKER

(This designation can be completed only by a patient with decisional capacity)

The Designation of Healthcare Decision Maker is an advance healthcare directive and must be honored in accordance with state law (NMSA 1978§24-7A-1 et seq.) If there is a conflict between this directive and an earlier directive, the most current choice(s) made by the patient shall control.

If the time comes when I lack capacity and there are medical decisions that need to be made that are beyond the individual instructions as set forth in this MOST, I designate the following individual as my agent to make healthcare decisions for me:

Name:	
Address:	
Telephone Number:	
Signature of Patient:	Date:

If my agent listed above is not willing, able or available to make healthcare decisions for me, I designate the following individual as my alternate agent for the purposes of making healthcare decisions for me:

Name:	
Address:	
Telephone Number:	
Signature of Patient:	Date:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Directions for Healthcare Professional
Completing MOST
<ul style="list-style-type: none"> • Must be completed by healthcare professional based on patient preferences and medical indications. • Choice of Medical Intervention and Cardiopulmonary Resuscitation status must be clinically aligned: Example: "Comfort Care" and "Attempt Resuscitation" are contradictory choices. • MOST must be signed by a physician and the patient/decision maker to be valid. Verbal orders are acceptable with follow-up signature by the physician in accordance with facility/community policy. • Use of the original form is strongly encouraged. Photocopies and faxes of signed MOST forms are legal and valid.
Using MOST
<ul style="list-style-type: none"> • A person with capacity, or the Healthcare Decision Maker of a person without capacity, can request alternative treatment.
Reviewing MOST
It is recommended that the MOST be reviewed periodically. Review is recommended when
<ul style="list-style-type: none"> • The person is transferred from one care setting or care level to another, or • There is a substantial change in the person's health status, or • The person's treatment preferences change.