



醫院管理局
HOSPITAL
AUTHORITY

ADVANCE MEDICAL DIRECTIVE (AMD)

(Made under the Advance Decision on Life-sustaining Treatment Ordinance (*the Ordinance*))

Part 1: Personal Particulars of Maker

(Please tick the appropriate boxes in this Part.)

Please affix patient's label here

Name in English (Please use capital letters):

First Name: _____

Family Name: _____

Name in Chinese (Optional): _____

Details of Identity Document (Please choose one):

Hong Kong Identity Card No.: _____

Passport (Please state the issuing region and number): _____

Other Identity Document (Please state the type, issuing region and number): _____

Sex: Male Female

Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

Home Address: _____

Contact Tel. No.: _____

Part 2: Declarations of Maker

I declare as follows—

1. I have attained 18 years of age.
2. I make this Directive out of my own free will, having had—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on myself, explained to me by Dr. _____, the First Witness of my signature on this Directive.
3. I understand that by making this Directive, my existing advance medical directive (if any) is revoked.
4. I understand that I can revoke this Directive at any time when I am mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) by completing Part 5 or by any other means prescribed in the Ordinance.
5. I understand that this Directive applies in relation to my medical treatment only when I am mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).

HA AMD FULL FORM FOR REFUSAL OF CPR AND/OR OTHER LST

HA 9630/MR



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Part 3: Instructions of Maker

(Please tick the appropriate boxes in this Part.)

(The Maker may give one or more of the following instructions.)

Please affix patient's label here

(A) Instruction in the case of being Terminally Ill

- If I am terminally ill (within the meaning of section 4 of the Ordinance), my instruction is as follows—
- I am not to be subjected to—
- cardiopulmonary resuscitation;
 - others (*please state*): _____

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration. (*Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.*)

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance). (*Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.*)

(B) Instruction in the case of being in Persistent Vegetative State or State of Irreversible Coma

- If I am in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance, my instruction is as follows—
- I am not to be subjected to—
- cardiopulmonary resuscitation;
 - others (*please state*): _____

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration. (*Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.*)

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance). (*Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.*)



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(C) Instruction in the case of being in Other End-stage, Irreversible, Life-limiting Condition

Please affix patient's label here

- If I am in other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely:

_____, my instruction is as follows —

- I am not to be subjected to—
- cardiopulmonary resuscitation;
 - others (*please state*): _____

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration. (*Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.*)

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance). (*Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.*)

I make the declarations in Part 2 and give the instruction or instructions in this Part.

Signature of Maker

_____/_____/_____

(Day) (Month) (Year)

Date of signing

Part 4: Witnesses

(Please tick the appropriate box in this Part.)

Declarations, Signature and Personal Particulars of First Witness

I declare as follows—

1. I am a registered medical practitioner.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. Before the Maker signed this Directive, I explained to him/her—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on him/her.
4. I am satisfied that the Maker was mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) at the time when he/she signed this Directive.
5. The Maker signed this Directive in the presence of the Second Witness named below and myself.

Signature of First Witness

_____/_____/_____

(Day) (Month) (Year)

Date of signing



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Name of First Witness (*Please use capital letters*):

First Name: _____

Family Name: _____

Medical Council Registration No. : _____

Correspondence Address: _____

Please affix patient's label here

Contact Tel. No.: _____

Declarations, Signature and Personal Particulars of Second Witness

I declare as follows—

1. I have attained 18 years of age.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. The Maker signed this Directive in the presence of the First Witness named above and myself.

Signature of Second Witness

_____/_____/_____
(Day) (Month) (Year)
Date of signing

Name of Second Witness (*Please use capital letters*):

First Name: _____ Family Name: _____

Details of Identity Document/ Registration/Membership No. with Professional Body

(*Please choose one*):

- Hong Kong Identity Card No./ Passport No. (*Please state the issuing region and number*): _____
- Registration/Membership No. with Professional Body (*Please state the professional body and the registration/membership number*): _____
- Other Identity Document (*Please state the type, issuing region and number*): _____

Correspondence Address: _____

Contact Tel. No.: _____

Part 5: FOR REVOCATION BY MAKER ONLY

I revoke this Directive.

Signature of Maker

_____/_____/_____
(Day) (Month) (Year)
Date of Signing