

LIVING WILLS

**Welcome to Keith J. Williams Law. Please help us serve you better by providing the following information.
All information is held in confidence, of course.**

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: SAME AS ABOVE OTHER: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ALTERNATIVE/EMERGENCY NUMBER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

PARENT'S NAME: _____

PARENT'S ADDRESS: _____

How did you learn about Keith J. Williams Law?

I am a current client. I am a past client. Another KJW Law client referred me (name): _____

KJW Law Website Facebook LinkedIn AVVO Justia Other Internet Source: _____

Print Advertisement Newspaper Article Office Sign Bar Association Friend (name): _____

Attorney/Law Firm Referral (name): _____ Other: _____

LIVING WILLS

END STAGE MEDICAL CONDITION:

PAIN MEDICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RADIATION TREATMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C.P.R.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ANTIBIOTICS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MECHANICAL VENTILATOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BLOOD OR BLOOD PRODUCTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIALYSIS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INVASIVE DIAGNOSTIC TESTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SURGERY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TUBE FEEDINGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHEMOTHERAPY	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

PROPOSED HEALTHCARE AGENT:

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ALTERNATE HEALTHCARE AGENT:

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____