



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

**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:
<b>SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED</b>	

**Directions for Healthcare Professional**

**Completing MOST**

- 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 an authorized healthcare provider and the patient/decision maker to be valid. Verbal orders are acceptable with follow-up signature by the authorized healthcare provider 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.
- Authorized Provider is defined and updated in the Department of Health, Emergency Medical Services Regulation—Chapter 27.

**Using MOST**

- 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

- 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.