



ADDITIONAL PAGE/S TO THE ADVANCE CARE DIRECTIVES FORM

made under the *Advance Care Directives Act 2013 (SA)*

This form can be downloaded and attached to your Advance Care Directive if you require more space to write your *Values and wishes* (Part 3 of the form) or *Refusal/s of health care* (Part 4 of the form).

Health practitioners may need to read the form in emergency situations quickly. For this reason, it is strongly recommended you identify any Refusal/s of healthcare separately and clearly.

Please note, there is a separate form for appointing additional Substitute Decision Makers (Part 2 and Part 5).

Instructions for using this form:

1. Type or write in the additional information you want to include.
2. Clearly reference the section in the form – for example, if this is for *Values and wishes*, write in the text box – Part 3, if it relates to *Refusal/s of health care*, write – Part 4.
3. Number the pages accordingly – for example 4.1 or 8.1 and so on (depending on how many additional pages are made).
4. Print the page/s.
5. Add the additional page/s in the right order within the other pages of your Advance Care Directive Form.
6. Write your initials on each page, and have your witness initial each page and complete the date.

Your
initial:

Witness
initial:

Date: / /

Part

Your
initial:

Witness
initial:

Date: / /

Part

*Draw a large
'Z', in the
sections you do
not complete
or leave this
page out.*