

INSTRUCTIONS: BLOOD TRANSFUSION WORKSHEET

These are your decisions on life sustaining treatments that you may want your patient advocate and health care team to know. Certain treatments often provide excellent results in healthy patients. However, in patients with certain chronic conditions or terminal illnesses these treatments may be unhelpful or even harmful. The purpose of this document is to help you decide, based on your condition and your values, how you feel about receiving this treatment.

A blood transfusion puts blood or blood products in your veins, often after an illness or injury to help supply what your body is missing.

I authorize my patient advocate:

_____ (patient advocate name)

to refuse blood and/or blood products into my veins.

My comments: _____

My comments: _____

PATIENT NAME (please print): _____

PATIENT SIGNATURE: _____

Date: _____

