

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#(660-127)  
3/92

CONSENT BY SURROGATE TO NO EMERGENCY CPR ORDER

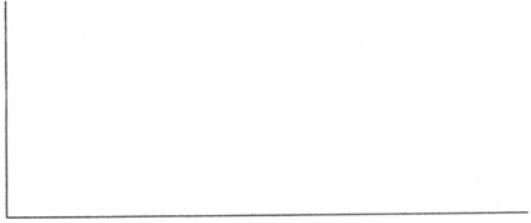
1. I hereby authorize Dr. \_\_\_\_\_ to issue a No Emergency CPR order for the patient \_\_\_\_\_. I understand this means that cardiopulmonary resuscitation will be withheld in the event that his/her heart stops beating or he/she stops breathing.
2. Dr. \_\_\_\_\_ has explained to me the patient's diagnosis and prognosis, the range of available resuscitation measures, the reasonably foreseeable risks and benefits of cardiopulmonary resuscitation, and the consequences of an order not to resuscitate the patient.
3. I am making this decision based on: (check one)  
\_\_\_\_\_ a. the patient's known wishes; or  
\_\_\_\_\_ b. the patient's best interest, since the patient's wishes are unknown and cannot be ascertained.
4. My relationship to the patient is as follows: (check one)  
\_\_\_\_\_ a. person designated by the patient (attach appropriate documentation);  
\_\_\_\_\_ b. court appointed committee or guardian (attach appropriate documentation);  
\_\_\_\_\_ c. spouse;  
\_\_\_\_\_ d. son or daughter aged eighteen or older;  
\_\_\_\_\_ e. parent/guardian  
\_\_\_\_\_ f. brother or sister aged eighteen or older;  
\_\_\_\_\_ g. close friend (attach "Friend's Affidavit").
5. To the best of knowledge there is no one higher on the list in Section 4 above available to consent on behalf of the patient.
6. I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

#660-127)  
3/92  
pg.2



**WITNESS CERTIFICATION**

I hereby certify that the surrogate signed and dated this form in my presence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title/Relationship to Patient

Date: \_\_\_\_\_