

**THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.**

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

Male  Female

eMOLST NUMBER (THIS IS NOT AN eMOLST FORM) \_\_\_\_\_

**Do-Not-Resuscitate (DNR) and Other Life-Sustaining Treatment (LST)**

This is a medical order form that tells others the patient’s wishes for life-sustaining treatment. A health care professional must complete or change the MOLST form, based on the patient’s current medical condition, values, wishes and MOLST Instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate. A physician must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders and changes them.

**MOLST is generally for patients with serious health conditions. The patient or other decision-maker should work with the physician and consider asking the physician to fill out a MOLST form if the patient:**

- Wants to avoid or receive any or all life-sustaining treatment.
- Resides in a long-term care facility or requires long-term care services.
- Might die within the next year.

**If the patient has a developmental disability and does not have ability to decide, the doctor must follow special procedures and attach the appropriate legal requirements checklist.**

**SECTION A Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing**

Check *one*:

**CPR Order: Attempt Cardio-Pulmonary Resuscitation**

CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

**DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)**

This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

**SECTION B Consent for Resuscitation Instructions (Section A)**

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law.

\_\_\_\_\_  
SIGNATURE  Check if verbal consent (Leave signature line blank) \_\_\_\_\_  
DATE/TIME

\_\_\_\_\_  
PRINT NAME OF DECISION-MAKER

\_\_\_\_\_  
PRINT FIRST WITNESS NAME

\_\_\_\_\_  
PRINT SECOND WITNESS NAME

**Who made the decision?**  Patient  Health Care Agent  Public Health Law Surrogate  Minor’s Parent/Guardian  §1750-b Surrogate

**SECTION C Physician Signature for Sections A and B**

\_\_\_\_\_  
PHYSICIAN SIGNATURE PRINT PHYSICIAN NAME DATE/TIME

\_\_\_\_\_  
PHYSICIAN LICENSE NUMBER PHYSICIAN PHONE/PAGER NUMBER

**SECTION D Advance Directives**

Check all advance directives known to have been completed:

- Health Care Proxy  Living Will  Organ Donation  Documentation of Oral Advance Directive



LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT \_\_\_\_\_

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**SECTION F Review and Renewal of MOLST Orders on This MOLST Form**

The physician must review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (for better or worse); or
- If the patient or other decision-maker changes his or her mind about treatment.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, NH, Physician's Office)	Outcome of Review
			<input type="checkbox"/> No change <input type="checkbox"/> Form voided, new form completed <input type="checkbox"/> Form voided, <b>no</b> new form
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