The Commonwealth of Massachusetts
Trial Court
Juvenile Court Department

TREATING PHYSICIAN'S RECOMMENDATION FORM

Recommendation to Forgo or Discontinue Life Sustaining Medical Treatment

Date: _____ ☐ Check box if child in the custody of the Department of Children and Families

Child's Name: _____ Date of Birth: _____

Location of Child: _____

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1.Please indicate below, the steps you carried out to arrive at your recommendation:

- ☐ Examined the child
- ☐ Reviewed the child's relevant medical records
- ☐ Spoke with caregiver(s)
- ☐ Discussed the pertinent medical issues with the child's medical providers
- ☐ Spoke with the child's parent(s)
- ☐ Reviewed medical consultation report(s)
- ☐ Spoke with the child regarding his/her wishes
- ☐ Spoke with DCF staff
- ☐ Spoke with the child's Guardian Ad Litem, if any
- ☐ Other, please describe:

_____

_____

_____

2.**Diagnoses:** Please provide the following information regarding each of the child's diagnoses:

DIAGNOSIS	BASIS FOR THE DIAGNOSIS

3.**Treatment Options and Prognoses:** Please list below the treatment options you believe to be available for this patient. For each option, describe the potential benefits and potential for restoration of function and the degree and likelihood of suffering.

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Date: _____ Child's Name: _____

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4.**Recommendations for discontinuing or forgoing medical treatment:** Please check those interventions below that you recommend discontinuing or forgoing:

☐ Cardiac medications ☐ Supplemental Oxygen ☐ Ventilator ☐ Central IV line

☐ Administer pressors ☐ Bi Pap/C Pap ☐ IV nutrition ☐ Oral antibiotics

☐ Chest compressions ☐ Intubation ☐ Enteral nutrition ☐ IV antibiotics

☐ Cardioversion ☐ Tracheotomy ☐ IV hydration

☐ Other: _____

Please explain the medical rationale for these recommendations, including any medical research information, experience or other resources you believe are pertinent to the recommendation:

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5.**Additional comments or information:** _____

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_____ _____ _____

(Treating Physician Signature) *(Print Name)* *(Date)*

_____ _____

(Hospital) *(Telephone)*