



# POST Form (Physician Orders for Scope of Treatment)

The POST form is used to inform medical providers about your treatment wishes. Your healthcare provider can issue a POST form to you. They must complete and sign Section D for the form to be valid. The form must accompany you to any medical facility where care may be given. Any section left incomplete will tell providers to administer full treatment.

If you live at home, the POST form should be kept on your refrigerator with a magnet. Rescue squads have been instructed to look on the refrigerator for the form. If you live in a nursing home or personal care home, your POST form will be kept in the front of your medical chart. If you are a patient in the hospital, take the form with you and the nurse will put the form in your chart while you are in the hospital. Be sure to take it home with you when you leave.

FAX your **POST** form to the WV e-Directive Registry so that your wishes will be known and available when needed.

**Completing a POST form is always voluntary**

## Section E

This section indicates what advance directives you have completed and who you want to make decisions for you if you cannot speak for yourself.

## Section F

This section provides space for review of the orders on the POST form when your condition changes or when you are admitted to the hospital. Each time the form is reviewed, your doctor will complete a line in this section.

West Virginia  
**POST**

Physician Orders for Scope of Treatment  
A Participating Program of National POLST

For questions about this form  
or anything else concerning  
advance directives or DNR cards call:

**877-209-8086**

WV e-Directive Registry

**FAX 844-616-1415**

[www.wvendoflife.org](http://www.wvendoflife.org)

West Virginia  
Center  
for  
End-of-Life  
Care

WEST VIRGINIA  
Department of  
**Health &  
Human  
Resources**