Natchitoches Regional Medical Center | an affiliate of CHRISTUS Health

Patient Label

NATCHITOCHES REGIONAL MEDICAL CENTER
ADVANCE MEDICAL DIRECTIVE INFORMATION FORM

Advance medical directives are legal documents in which an individual has given direction(s) about future medical care. An advance medical directive may be a living will or a durable power of attorney for health care purposes.

A living will is a legal document in which an individual has explained his/her wishes regarding health care, should he/she have terminal condition and/or irreversible condition.

A durable power of attorney for health care allows an individual of sound mind, 18 years of age or older, to designate an attorney-in-fact to make health care decisions, including consent, refusal of consent or withdrawal of consent to healthcare, for the individual when the individual is unable to give informed consent.

_____ **NO**, I do not have an advance medical directive.
_____ **NO**, I do not want any more information about advance medical directives.
_____**YES**, I do want more information about advance medical directives.
_____**YES**, I do have an advance medical directive(s) in the form of:
a. _____a living will; and/or
b. _____a durable power of attorney for health care
c. _____other, explain:_____

_____**I <u>have</u> provided the hospital with a copy** of my directive to be placed on my medical record and I accept responsibility to discuss the directive with my physician.

_____**I <u>have not</u> provided a copy** of my directive at the time of admission, but I understand that it is my duty to do so as soon as possible (at least within 24 hours). Until a copy is obtained, I also accept the responsibility to explain and discuss the substance of my directive with my nurse and physician.

_____ _____
PATIENT SIGNATURE (or surrogate decision maker Authorized by patient) **HOSPITAL REPRESENTATIVE**

_____ _____
Relationship of surrogate decision maker to patient, if applicable **DATE / TIME**

NOTE: <u>The section is to be completed in the event that a patient chooses to initiate an advance medical directive after admission, or presents a copy of one previously initiated.</u>

_____The patient indicates that **he/she wishes to initiate an advance medical directive** in the form of:

a._____a living will
b._____a durable power of attorney for health care
c._____other, explain:_____
Note: Social Services, Case Management or Nursing Supervisor is to be notified to assist in this process.

_____A **copy** of the patient's previously initiated advance medical directive **was obtained** and placed in the medical record on _____(date), followed by notification of his/her physician, _____ on _____ date.

_____ _____
HOSPITAL RESPRESENTATIVE SIGNATURE DATE TIME
(Individual completing this section)

ADM.AD

Reviewed 10/2012