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 have 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 have not 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

DATE / TIME

NOTE: 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.

______ 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 REPRESENTATIVE SIGNATURE
(Individual completing this section)

DATE    TIME

Reviewed 10/2012