

Advance Directive/Healthcare Proxy Acknowledgement

YES	NO	
		I have executed an Advance Directive for Medical Care.
		I have executed an Advance Directive for Mental Health Treatment.
		I have identified a Health Care Proxy/surrogate decision maker to make decisions on my behalf. If yes, name of healthcare proxy/surrogate decision maker: _____ Phone #: _____ Patient has a legal Guardian: Name: _____ Phone #: _____
YES	NO	
		If you answered yes to any of the above, are you able to provide the facility with a copy of these Advance Directive Documents?
YES	NO	
		If you do not have an Advance Directive or Healthcare Proxy, do you wish to execute an advance directive or healthcare proxy or name a surrogate decision maker?

Patient Name

Patient Signature

_____/_____
Date Time

Staff Signature

_____/_____
Date Time

For Staff Completion Only:

- Patient has received information regarding Advance Directives and HealthCare Proxy but refuses to sign form.
- Patient is incapacitated. Advance Directives and Health Care Proxy information has been provided to patient's family /guardian.
- Patient's cultural/spiritual beliefs preclude discussion regarding Advance Directives.

_____/_____
(Staff signature if appropriate) Date

Patient has provided a copy of Advance Directives _____ YES _____ NO _____ N/A
 Patient has provided a copy of Healthcare Proxy _____ YES _____ NO _____ N/A