

Date: _____

I, _____, have discussed Advance Health Care
(PCP Name)

Directives with _____ on _____
(Patient Name) (Date)

and have given a copy of the Advance Health Care Directive form to the patient.

PCP Signature

I, _____, acknowledge discussing Advance
(Patient Name)

Health Care Directives with my PCP, _____,
(PCP Name)

on _____.
(Date)

- I received a copy of the Advance Health Care Directive form.
- I declined a copy of the Advance Health Care Directive form.
- I already have an Advance Health Care Directive and have given a copy to my PCP noted above.

Patient Signature

ADVANCE DIRECTIVE STATUS

I have been informed of my right to formulate an Advance Directive and I have been provided with information regarding the execution of an Advance Directive.

Please check one of the following:

- I have previously completed an Advance Directive and have provided a copy for inclusion in my medical record.

- A copy of my Advance Directive is on file with _____.
(Physician or health care facility)

- I have not executed an Advance Directive and I am not interested in any further information.

- I am interested in the formulation of an Advance Directive and will discuss my options with my Primary Care Provider (PCP).

- I was given a brochure / information on Advance Health Care Directives by my PCP office.

Comments:

Patient's Signature

Date

Office Staff Signature

Date

Patient Name (printed):	DOB:
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