

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ DOS: \_\_\_\_\_ Provider: \_\_\_\_\_

### Policy on Advance Directives

Many state regulations require that your medical chart contain the following information. You may be asked if you have a Living Will, have assigned a Medical Power of Attorney or designated a “surrogate” to act on your behalf. Please complete this information and acknowledge your response by signing below.

____ I have a Living Will/DNR Order	State Location: _____
____ I have a Medical Power of Attorney	Designee: _____
____ I have designated a “surrogate” Agent	Name of Agent: _____
____ I do not have any of the above and do not wish to obtain either or all.	

\_\_\_\_\_

**Patient Signature**

\_\_\_\_\_

**Patient Printed Name**

\_\_\_\_\_

**Witness**

\_\_\_\_\_

**Date**

**Please note:** Living Will status will be determined for all patients if a patient’s Living Will Advanced Directive specifies a DNR status. The physician will discuss the situation with the patient or their documented decision maker to inform them if: (1) the risk of complications related to the procedure and (2) the potential need for taking action to reverse these complications that if not reversed would lead to death.

The physician will then elicit the desires of the patient or their decision maker their desires as to the management of these complications. Once this has been determined and documented, the physician will decide whether or not to proceed with the procedure.

If the decision is made to proceed, then the patient’s desires will be followed. If the decision is made not to proceed, the patient will be informed and any alternative solutions for the problem at hand will be presented.