Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.

1. Have you been provided with a copy of the information called “Patient Rights Regarding Health Care Decision”?  _____YES  _____NO  _____

2. Have you prepared a “Living Will”?  
   *If yes, please provide the Hospital with a copy for your medical record.  
   _____YES  _____NO  _____

3. Have you prepared a Durable Power of Attorney for Health Care?  
   * If yes, please provide the Hospital with a copy for your medical record.  
   _____YES  _____NO  _____

4. Have you provided this facility with an Advance Directive on a prior admission and is it still in effect?  
   * If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.  
   _____YES  _____NO  _____

5. Do you desire to execute a Living Will/Durable Power of Attorney?  
   * If yes, refer to in order:  
     a. Physician  
     b. Social Service  
     c. Volunteer Service  
   _____YES  _____NO  _____
HOSPITAL STAFF DIRECTIONS:  

Check when each step is completed.

1. _____ Verify the above questions where answered and actions taken where required.

2. _____ If the “Patient Rights” information was provided to someone other than the patient, complete the following:

   Reason information was given to someone other than the patient:
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

   Name of Individual Receiving Information                Relationship to Patient

3. _____ If information was provided in a language other than English, specify language and method.

4. _____ Verify patient was advised on how to obtain additional information on Advance Directives.

5. _____ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advanced Directive which will be retained in the medical record.

   File this form on the medical record and give a copy to the patient.

   Name of Patient                      Name of Individual giving information if different from Patient

   Signature of Patient

   Signature of Hospital Representative