Do you have a Living Will, Durable Power of Attorney, Health Care Surrogate or other Advance Directive?

Do you have a copy with you?
- YES
- NO

Copy placed in Medical Record

Do you want to make a new one?
- YES
- NO

Advance Directive Packet given
- YES
- NO

Completed form(s) placed in Medical Record
Consult for additional assistance sent to:
- Charge Nurse
- Case Management

Registrar Initials: ____________

Advance Directive Packet should be reviewed with the patient by admitting nurse and documented in the Interdisciplinary Patient Education Record.

Registrar: ____________
Pre-Test Nurse: ____________ Date: ____________
Inpatient Admitting Nurse: ____________ Date: ____________
Case Manager/Social Worker: ____________ Date: ____________