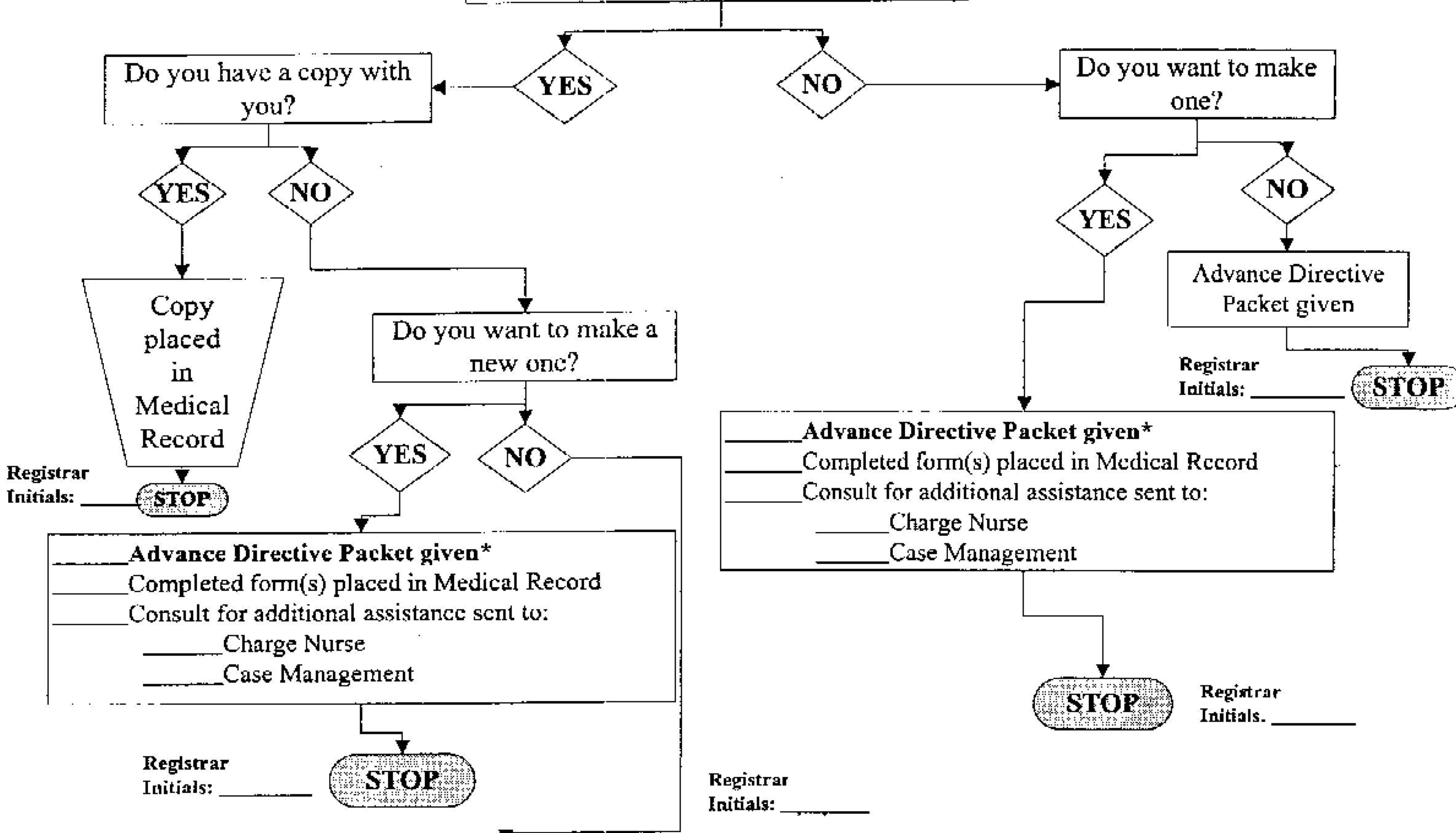


University Hospital, Inc. ADVANCE DIRECTIVE INFORMATION

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



Whom may we contact to obtain a copy?

Name: _____ Relationship: _____

Telephone: _____

Date Contacted: _____

Outcome: _____

***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: _____

ADDRESSOGRAPH