



Advanced Directive Status

Patient's Name:	DOB:
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I have been informed of my right to formulate an Advanced 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 record.
- A copy of my Advance Directive is on file with _____.
- 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.

Patient's Signature: _____ Date: _____

Comments:

- The patient was given a brochure/information on Advance Directives.

Staff's Signature: _____ Date: _____