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### Welcome to Your College Student Patient Advocate Intake Form

College is an exciting and transformative season of life—full of independence, opportunity, and new experiences. As you take on greater responsibility for your academic, personal, and health decisions, it’s important to make sure the right person can step in to support you if needed.

At Thomas Legal, PLLC, we help students and families put simple, effective protections in place so you can focus on what matters most—your education, your goals, and the experiences ahead. This form is straightforward and confidential. Completing it in advance allows our meeting to be efficient and focused on creating a clear plan tailored to you.

Here’s what this form covers:

- **Your Personal Information** — Basic details about you as a college student so we can properly prepare your documents.
- **Health Care Decisions** — Naming a trusted Patient Advocate who can make medical decisions on your behalf if you are unable to do so, including access to medical information and decisions regarding treatment.

Putting a College Student Patient Advocate in place ensures that, in the event of an emergency, the person you trust most has the legal authority to act quickly and confidently on your behalf.

We look forward to helping you take this important and empowering step.

**NOTES / QUESTIONS FOR ATTORNEY** - Please list any questions, concerns, or special circumstances you would like to discuss:

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**CLIENT INFORMATION:**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home City, ST ZIP \_\_\_\_\_ Email: \_\_\_\_\_

MCL 700.5506 allows an individual who is at least 18 years old and of sound mind to designate another individual to serve as their Patient Advocate. You may not appoint multiple individuals to act simultaneously; only one individual may have authority to serve at any given time.

**Patient Advocate**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**First Backup Patient Advocate**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Second Backup Patient Advocate**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**LIFE SUPPORT CHOICE**

I want my patient advocate to remove life support if two doctors agree I am in an irreversible coma or permanent vegetative state.

I want to be kept alive as long as possible, regardless of my condition.

**ORGAN DONATION CHOICE**

I want my patient advocate to donate my organs.

I do not want my organs donated.

**FUNERAL REPRESENTATIVE**

I want my patient advocate to serve as my funeral representative.

I do not want to appoint a funeral representative.

**Student's Signature:** \_\_\_\_\_