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ADVANCE DIRECTIVE STATUS

PATIENT NAME: _____ **Date of Birth:** _____

I have been informed of my right to formulate an Advance 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 _____.
(Physician or health care facility)

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 Signature

Date