

Advance Directive Checklist

(Living Will or Durable Power of Attorney for Healthcare)

Please read the following three (3) statements. Please initial each statement.

1. I have been given written materials on my rights to accept or refuse medical and surgical treatment and my rights to formulate advance directives.

_____ (Patient's Initials)

2. I understand that I am not required to have an advance directive in order to receive medical treatment at Henry Medical Center.

_____ (Patient's Initials)

3. I understand that the terms of any advance directive that I executed will be followed by Henry Medical Center to the extent permitted by law and in accordance with the facility's or service's policies and procedures.

_____ (Patient's Initials)

Please check one of the following statements:

- I have executed an advance directive and am providing the hospital with a copy at this time.
- I am a readmission with an advance directive which has not changed since the previous admission (Notify Medical Records or Nursing Service after hours to obtain a copy for the current medical record).
- I have executed an advance directive and will provide a copy to the facility or services. I understand that the staff and physicians of Henry Medical Center will not be able to follow the terms of my advance directive until I provide a copy of it to the staff.
- I have not executed an advance directive and do not wish to discuss advance directives further at this time.
- I have not executed an advance directive but would like to obtain more information. (Patient referred to CCTV and Advance Directive Booklet for further information.)
- I have not executed an advance directive, but I am ready to complete the document(s) and request assistance to do so.
- Patient unable to communicate. Written materials given to family.
- Patient unable to communicate. No family available. Written material sent with medical record.

(Witness)

(Patient's Signature)

Date

Date

