

**ADVANCE DIRECTIVES
NOTIFICATION**

Advance Directives are properly executed documents allowing you to give directions about future medical and psychiatric care or to designate another person to make medical and psychiatric decisions for you if you lose the ability to make decisions for yourself. The Patient Guide provides information to help you understand the different types of advance directives. If you have questions, need further information, or wish to execute an advance directive contact your social services representative.

Patient refused to discuss, or unable to discuss (Witness _____ Date _____)

(1) _____ I already have an Advance Directive, located at: _____
 _____ I do not have any Advance Directives.

(2) _____ I do not wish to initiate any Advance Directives.
 _____ I wish to initiate an Advance Directive.

Type: Directive to Physician & Family/Surrogates (Living Will) Medical Power of Attorney
 Out-of-Hospital Do Not Resuscitate Order Mental Health Treatment Declaration

(3) _____ I understand that having, or not having, an advance directive will not affect the quality of my care.

 Patient/Legal Representative Date

 Signature of Patient Registration Representative Date

SOCIAL SERVICES FOLLOW-UP

(1) _____ I already have an Advance Directive, located at: _____

Type: Directive to Physician & Family/Surrogates (Living Will) Medical Power of Attorney
 Out-of-Hospital Do Not Resuscitate Order Mental Health Treatment Declaration

_____ I do not have any Advance Directives.

(2) _____ I do not wish to initiate any Advance Directives.
 _____ I wish to initiate an Advance Directive.

Type: Directive to Physician & Family/Surrogates (Living Will) Medical Power of Attorney
 Out-of-Hospital Do Not Resuscitate Order Mental Health Treatment Declaration

Advance Directive Education Follow-up Documentation

Date	Method	Eval Code	F/up Code	Staff Signature	Date	Method	Eval Code	Staff Signature
	<input type="checkbox"/> Explain <input type="checkbox"/> Handout					<input type="checkbox"/> Explain <input type="checkbox"/> Handout		

Evaluation Codes: 1) Identifies key points, 2) Verbalizes understanding, 3) Information/forms given, 6) No evidence of learning, 7) Pt. Refused
Follow-up Codes: 1) Re-teach materials, 2) Provide forms, 5) None required

Follow-up notation (if any): _____

 Patient/Legal Representative Date

 Signature of Social Services staff Date