

## OUTPATIENT ADVANCE DIRECTIVE ACKNOWLEDGEMENT

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient ID # (for office use only): \_\_\_\_\_

### Do you have an Advance Directive?

An advance directive is a form that you fill out to describe the kinds of medical care you want to have if something happens to you and you can't speak for yourself. There are two main types of advance directives:

- A living will tells your family and your doctor what kinds of treatment you want to receive as you near the end of your life and if you can no longer speak for yourself.
- A medical power of attorney lets you name a person to make treatment decisions for you when you can't speak for yourself.

- Yes, I have an Advance Directive and will bring in a copy for my records.
- No, I do not have an Advance Directive, but would like to obtain information about it.
- No, I do not have an Advance Directive, but I'm not interested in receiving information.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Front Office Use Only:

- Advance Directive information provided to the patient

\_\_\_\_\_ Initials