

**Notice of Acknowledgement  
Advance Directive**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

An Advance Directive is a legal document allowing a person to give directions about future medical care or to designate another person(s) to make medical decision if he or she should lose decision-making capacity. Advance Directives are the following written instruments: the Living Will and the Durable Power of Attorney for Health Care. The instrument may be revoked and a notation of the date and time must be made to the patient's medical record.

Do you have an Advance Directive?

A. Directive to Physicians (Living Will)                      Yes    No

B. Durable Power of Attorney for Health Care              Yes    No

Is it up to date?              Yes    No

Where is a copy located? \_\_\_\_\_

Principle Agent: \_\_\_\_\_

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

Alternate Agent: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date