Advance Directive Information

Dear Patient: Please complete the following questions. This form will become part of your medical record. Texas and Federal law provides every competent adult and emancipated minor the right to make his/her own health care decisions, including the right to decide what medical care or treatment to accept, reject or discontinue. It is with this in mind that the following questions are asked:

If you have an Advance Directive, complete questions 1-4.

1. Do you have any of the following Advance Directives? (Check all that apply.)

   ☐ Medical Power of Attorney ☐ Living Will ☐ Out of Hospital Do Not Resuscitate ☐ Mental Health Directive

2. If you have any of these documents and do not have a copy with you, where is it located? _____
3. Can someone bring a copy to the Hospital? _____
4. If you have an Advance Directive but a copy is not available at this time, what are your treatment wishes if you become terminally or irreversibly ill and are unable to make your wishes known?

   _____

   _____

If you <u>DO NOT</u> have an Advance Directive, complete questions 5 - 7:

5. If you do **NOT** have an Advance Directive and ***wish to complete one***, we will provide you with the proper forms and other information needed to complete the Directive:

   ☐ Received "Communicating Your Health Care Choices" brochure given to patient/family.

   ☐ Received "Personal Choices" packet given to patient/family.

   ☐ Declined any information.

6. ☐ I do **NOT** wish to make an Advance Directive at this time.

   I am aware that if I become unable to make decisions for myself and I have not completed an Advance Directive, state law will require that my physicians turn to the following persons in the order listed for medical decision-making: my spouse, my reasonably available adult children, my parents, or my nearest living relative. If none of those persons are available or willing to act on my behalf, I am aware that state law allows my doctors to turn to the Hospital's Ethics Committee or to a court of law for medical decision-making.

   This information will be available from your doctor. However, if you have questions or wish to discuss this further with him/her, please let us know. You may rescind any portion of these Directives at any time during your hospitalization by notifying any member of the healthcare team.

7. If I am unable to make my wishes known, I designate the following person to make treatment decisions for me:

   _____

   Name Relationship Telephone Number

Patient Signature Acknowledgement	_____ Patient Signature	_____ Date/Time
	_____ Witness Signature	_____ Date/Time