

Advanced Directive Questionnaire

Patient: _____ Date: _____

Have you formulated an Advanced Directive? Yes No

(Something in writing that gives special instructions or authorization for someone to make medical decisions in the event that you are unable to for yourself.)

If you have formulated an Advanced Directive, please check all that apply.

- Durable Power of attorney Living Trust
 Living Will California Natural Death Act

If you have an Advanced Directive in place, please furnish us with a copy.

- I do not have an Advanced Directive in place.
 I would like more information about formulating an Advanced Directive.
 I do not wish to formulate or have an Advanced Directive.