ACKNOWLEDGEMENT OF RECEIPT OF ADVANCED DIRECTIVES

Name: _____ DOB: _____

Today's Date: _____

An advanced directive is a legal document for an individual in which a proxy is designated to carry out the medical directives of said individual in the event that the individual is unable to make those decisions for his/herself.

It is recommend for multiple reasons, three of which are:

1. To provide a guideline for medical personnel in implementing the resuscitative procedures in accordance with your wishes.
2. To prevent legal complications in which one party disagrees with another party as to what medical course of action should be taken in your medical care.
3. To prevent survivor's guilt in your loved ones.

____ I acknowledge receipt of the advanced directive written information and will review it at my leisure.

____ I acknowledge the advanced directive written information has been offered to me and I decline at this time because:

____ I already have an advanced directive/living will.

____ I am not interested in establishing an advanced directive for myself at this time.

Signature: _____

Print Name: _____ Date: _____

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