

Advance Care Planning and Directives Questionnaire

Patient Name:	
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Advance Care Planning is a process that helps people learn about the types of healthcare-related decisions that might be needed in the event that they become unable to participate directly in their care. This process allows people to consider those decisions ahead of time; to communicate and share with family, providers and others as needed; and to document their decisions with advance directives. A person may review these documents from time to time to ensure that the advance directives appropriately reflect his or her wishes.

Advance directives include legal documents that go into effect **only** if a person is incapacitated and unable to speak for himself or herself. This could be the result of the person’s disease or severe injury—no matter how old the person is. It helps others know what type of medical care the person has determined is best for them. It also allows a person to express their values and desires related to end-of-life care. An advance directive, whether it is a Medical Power of Attorney, a Directive to Physicians (sometimes called a “Living Will”), or other Orders, is a living document—one that can be adjusted as a situation changes because of new information or a change in health.

Mary Crowley would like to learn more about your Advance Care Planning and directives to ensure that our providers and clinical team are aware of your wishes and to help provide you with information related to this topic, as needed. We understand that this topic is difficult for many patients and if you do not wish to complete this questionnaire or provide any further information, we will understand.

Instructions: Please complete the following questions by checking the appropriate box:

Question	Response
1. Do you have a Medical Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes to #1 and/or #2, can you bring a copy of the documents to Mary Crowley to be included in your medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Who have you decided will make medical decisions for you when you are unable to make decisions?	Name: _____ Relationship: _____ Phone: _____
5. Would you like to learn more about this topic? Our Social Worker will provide informational documents to you for review.	<input type="checkbox"/> Yes <input type="checkbox"/> No