
PATIENT SELF DETERMINATION ACT QUESTIONNAIRE

Name: _____

Date: _____

DON'T LOSE YOUR RIGHT TO DECIDE!

You cannot remove all uncertainty about your future healthcare needs but by having an advanced directive you can have the peace of mind that comes from making your wishes known in advance!

Declaration to Decline Life Prolonging Procedures (Living Will)

- I have made a Living Will.
- I have **NOT** made a Living Will.

Healthcare Surrogate

- I have designated a Healthcare Surrogate.
- I have **NOT** designated a Healthcare Surrogate.

Durable Power of Attorney

- I have appointed a Durable Power of Attorney for Healthcare decisions.
- I have **NOT** appointed a Durable Power of Attorney for Healthcare decisions.

If you have indicated that you have a living will, Healthcare Surrogate and/or a Durable Power of Attorney, please bring the fully executed document to your next visit so we can add it as part of your medical records.

(Print Name)

Signature of Patient or Representative

Date