you w Deteri	ould want if you were no longer able to sprination Act, hospitals are expected to in	ur family and doctors know what kind of medical care peak for yourself. Due to the 1990 Patient Selfquire if you have any Advance Directives. Advanced, Medical Power of Attorney and Health Care Proxy.	atient Self- tives. Advanced
1.	Do you have any Advanced Directives: If no, please skip to question 4	□ Yes □ No	
2.	If yes, does it contain: a. Living Will	<ul> <li>☐ Yes</li> <li>☐ No</li> <li>A Living Will goes in affect if you have a terminal condition and what your wishes are related to "life prolonging procedures".</li> </ul>	our wishes are
	<ul><li>b. Medical Power of Attorney, Health Care Proxy</li></ul>	☐ Yes ☐ No Medical Power of Attorney designates the person who will make medical decisions for you if you can not make them yourself.	al decisions for
3.	Please provide a copy of your Advanced summarize what is says below.	d Directives. In the meantime, please briefly	e briefly
4.	Do you have a Durable Do Not Resuscit If yes, your therapist/nurse/clinicia and any other medical personnel		
5.	Would you like more information related	to the above documents? ☐ Yes ☐ No	□ No
Patient Signature		 Date	
Associate Signature		 Date	
1100141	C H O O 3 O   Mary Washin	patient identification	

**Health Care Decisions Form** 

FR-1324-MWHC REV. 1/2010

1 1/4" X 3'