

Patient Advance Directives Statement

I understand that an advance directive includes:

- A living will.
- Durable power of attorney for health care.
- Any other written document executed by the patient, signed and dated that express the patient's health care treatment decisions.

I understand that additional information is included in my Hospice folder.

I understand that Hospice will honor all of my advance directives.

I would like to execute o	ne or more advanc	ce directives.		
I have a living will: If Yes: copy obtained: If No: describe patient's	wishes	Yes	No No	-
I have a durable power of If Yes: Name		Yes	_ No Telephone	-
I have an advance directly like the like of the like o		Yes Yes		
I have reviewed and und information concerning a			described above and have be responsibilities.	en given written
Patient Signature		W	itness Signature	

Created: Updated: