

AIRPORT ENDOSCOPY CENTER

ADVANCE MEDICAL DIRECTIVES

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By law, you are required to be asked the following questions upon admission to all Health Care Facilities that are licensed by the Board for Licensing Health Care Facilities.

TWO FORMS OF ADVANCE MEDICAL DIRECTIVES:

Living Will: A written directive in which you specify choices for medical treatment.

Durable Power of Attorney for Health Care: A written directive designating a person to make healthcare decisions for you if you are unable to make decisions.

Do you have a living will? YES ___ NO ___

Do you have a durable power of attorney for health care? YES ___ NO ___

If YES, you will need to provide a copy for your medical record before your procedure.

I have received information on Advance Medical Directives YES ___ NO ___

Please note that Advance Medical Directives will not be honored within the Center and that in the event of a life threatening event, emergency medical procedures will be implemented. The patient will be stabilized and transferred to an acute health care facility where the decision to continue or terminate emergency measures can be made by the attending physician and family.

If you need to be transferred to a hospital, you will be taken to: **Daniel Freeman Hospital**, or a hospital in which your physician has staff privileges.

Your Family Doctor's Name: _____

Date: _____ Time: _____

Patient Signature: _____

Patient unable to sign due to: _____

Patient Representative/Relationship: _____

Witness to Signature: _____