



## PATIENT SELF-DETERMINATION ACT QUESTIONNAIRE

### Declaration to Decline Life-Prolonging Procedure (Living Will)

- I have made such a declaration
- I have not made such a declaration

### Health Care Surrogate

- I have designated a Health Care Surrogate
- I have not designated a Health Care Surrogate

### Durable Power of Attorney

- I have appointed a Durable Power of Attorney for Health Care Decisions
- I have not appointed a Durable Power of Attorney for Health Care Decisions

### Do Not Resuscitate Order (DNR)

- I have a DNR order
- I do not have a DNR order

**I have been provided with information regarding the PATIENT SELF DETERMINATION ACT.**

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Name (print)	Signature	Date
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**I have been provided with information regarding the PATIENT SELF DETERMINATION ACT, but decline to answer the above questions.**

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Name (print)	Signature	Date
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**PLEASE PROVIDE YOUR HEALTH PROVIDERS WITH COPIES OF ALL YOUR HEALTH-RELATED DOCUMENTS**

Patient Name: \_\_\_\_\_ This Section is for Office Use ONLY

Pt DOB: \_\_\_\_\_

Pt ID#: \_\_\_\_\_

Last Revised 12/15/2020