



**PATIENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

1. Is this your first visit to our office this year?

Yes \_\_\_\_\_ (If Yes, please go to question 3)

No \_\_\_\_\_

2. Have we asked this year if you have a Medical Advanced Care Directive or Living Will?

Yes \_\_\_\_\_

No \_\_\_\_\_ (If No, please go to Question 3)

3. Do you have a Medical Advanced Care Directive or Living Will?

Yes \_\_\_\_\_ (If Yes, please go to Question 4)

No \_\_\_\_\_

4. Do you have a Healthcare Surrogate Designation? (An official document that appoints an adult to make healthcare decisions for you when you become unable to make them for yourself)

Yes \_\_\_\_\_ (If Yes, go to Question 5)

No \_\_\_\_\_

5. Would you like to give us the name of your Healthcare Surrogate?

Yes \_\_\_\_\_ Name: \_\_\_\_\_

No \_\_\_\_\_