



Patient Advocate and Code Status Information

Your Decisions Matter

If ever there is a time where you become unable to make decisions regarding your medical care, it is important for your loved ones and healthcare team to know what you would want. We encourage you to think about your wishes in advance, and discuss your options with family/friends, and your health care providers. Making plans now can help with your future health care needs.

Choose what is Right for You

There are two forms which help us better understand your wishes.

The first is the **Patient Advocate Designation**. This allows you to assign someone to make decisions for you if ever you are unable, and also lets you include written instructions and guidance for your advocate (if you so choose). Identifying a Patient Advocate is not required. However, if ever you cannot make decisions for yourself, it helps to have someone you trust make decisions for you.

The second form is a **Do Not Resuscitate Order**. This lets us know that if your heart or breathing were to stop, you would not want life saving measures to be performed.

Why We Ask About Your Patient Advocate and Code Status

It is important that we know who can make decisions for you, and what care you would want, if you are not able to speak for yourself. It's your right, and it's the law. You can change your mind about your code status or Patient Advocate designation at any time, and we are happy to assist you in making these changes.

Please Answer the Following:

1. Do you have any type of document that lets us know who would make medical decisions for you if you could not make them for yourself? (This is often known as a Patient Advocate Designation, Advance Directive, or Durable Power of Attorney for Healthcare)
YES NO
2. Do you have any type of document that lets us know what type of medical care you would want if you could not make decisions for yourself? (This is often known as a Living Will or Advance Directive)
YES NO
3. Do you have a Do Not Resuscitate Order:
YES NO

Patient Name (Printed) _____ Date of Birth _____

Patient Signature _____ Date _____

****If you have any of these forms, and have not yet provided them to our office, please be sure to turn them in to the front desk at your next visit.****