

## Advance Care Planning Questionnaire

Advance Care Planning: What is it? Advance Care Planning is a process of planning for future medical care in case you are unable to make your own decisions. It lets you authorize someone you trust to make your health decisions if or when you can't.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please check as they apply to you. If you have any questions please speak with your Provider.

Do you have?  **Health Care Proxy**  **Durable Power of Attorney**  **Advanced Directive**  **Do Not Resuscitate**

Other: \_\_\_\_\_

Can you provide a copy?  Yes  No

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Who have you appointed to make medical decisions for you? (Primary Health Care Decision Maker)

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to patient:  Spouse  Parent  Sibling  Adult child  Friend

Guardian  Friend  Life Partner  Other Relative \_\_\_\_\_

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Have you appointed an additional person to make medical decisions for you? (First Alternate Health Care Agent)

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Patient:  Spouse  Parent  Sibling  Adult child  Friend

Guardian  Friend  Life Partner  Other Relative \_\_\_\_\_