



Patient Self-Determination Act Questionnaire

Don't lose the right to decide your future. Having an advanced directive assures you peace of mind that comes from making your wishes known in advance.

Declaration to Decline Life-Prolonging Procedures (Living Will):

- I have made a Living Will.
- I do **NOT** have a Living Will.

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.

Print Patient Name: _____ Today's Date: _____

Signature of Patient: _____

If you have any questions regarding the Patient Self Determination Act you can contact your family attorney, local hospital, or your local medical association for additional information.