



**WSU Grace Specialty Care**

***Acknowledgement of Advance Directive for Health Care***

<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
<input type="checkbox"/> WSU Grace Specialty Care	<input type="checkbox"/> DMC Sinai Grace Hospital

***PLEASE COMPLETE ONE OF THE FOLLOWING***

☐ The patient has provided a copy of his/her Advance Directive for Health Care.

OR

☐ The patient states he/she has a written Advance Directive, but did not provide a copy. The patient/family has been directed to provide a copy.

OR

☐ The patient has a written Advance Directive for Health Care, and provided a copy during a previous admission to this facility within the last past year. The patient states that the Advance Directive for health Care is still valid.

OR

☐ The patient DOES NOT have an Advance Directive for health care, but was given information and whom to contact for assistance, if desired.

OR

☐ The patient is unable to acknowledge whether he/she has prepared an Advanced Directive for health Care.

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

On an annual basis outpatient primary care providers are requested to review the applicability of a patient's Advance Directive for Health Care.