

RESIDENT'S RIGHT TO DETERMINE TREATMENT ACKNOWLEDGEMENT OF DECISIONS

Resident Name _____ Facility Name _____

Admission Date _____ Attending Physician Name _____

The facility has the responsibility to inform the resident/family of his/her right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an Advance Directive. Residents are **not** required to have prior advance directives or initiate preferred intensity of care instructions if they do not wish to do so.

Discussed Advance Directive Facility Policy ☐ Resident ☐ Family / Surrogate
☐ Court appointed Conservator ☐ Other _____

Given Brochures on Decisions about Medical Treatment? Yes ☐ _____ (Initial if received)

Has the Resident completed an Advance Directive? No ☐ Yes ☐

Indicate type: ☐ Durable Power of Attorney for Health Care ☐ Natural Death Act Directive / Declaration
☐ Living Will ☐ Court Orders Other _____

If Resident not capable, relationship and name of Surrogate Decision Maker

_____ Phone # _____

Name of Guardian / Conservator _____ Phone # _____

- ☐ I / We understand that I / we have the right to formulate an Advance Directive and accept or refuse medical or surgical treatment.
- ☐ I / We desire not to initiate Preferred Intensity of Care or an Advance Directive at this time. I / We understand that in the event of cardiac or respiratory arrest, resuscitation will be initiated unless death is clearly evident.
- ☐ Resident wishes to complete a Preferred Intensity of Care for this admission (complete RSLf-06A).

Resident Date _____ Surrogate Decision Maker - Relationship Date _____

Facility Representative - Title Date _____ Other (specify relationship) Date _____