

European Expert Care, Inc.
110 Norman Av, Brooklyn, NY 11222
(718-349-0099)

ADVANCE DIRECTIVE CHECKLIST

Patient Name _____

Patient Number _____

Date _____

The above patient has been provided with written information on admission, concerning an individual's right to formulate advance directives, and has been provided a written copy of EUROPEAN EXPERT CARE, INC'S policy.

- Regarding the implementation of these rights;
1. Is there an advance directive in place?

Yes _____ No _____

2. If there is an advance directive in place, what is the directive?
(Circle one or more if applicable)

_____ Health Care Proxy _____ Do Not Resuscitate Order
_____ Living Will _____ Not applicable

3. Is current status regarding advance directive appropriate?

Yes _____ No _____ Not applicable _____

4. Is advance directive (if any) entered in the front of the chart?

Yes _____ No _____ Not applicable _____

The patient has received a copy of the agency's policies and procedures concerning "Self Determination Act", and the N.Y State Information sheet on "**PLANNING IN ADVANCE FOR YOUR MEDICAL TREATMENT**"

R.N Signature _____

Patient/ Client Signature _____