

## Advance Directive Form

**THIS FORM MUST BE COMPLETED AND PROMINENTLY DISPLAYED IN THE MEMBER MEDICAL RECORD**

**Section I. Advance Directive Information Provided to Members**  
(to be checked and initialed by the member)

I have been provided written information about Advance Directive via the Member Handbook.

Member initials \_\_\_\_\_ Date \_\_\_\_\_

I have been provided a verbal explanation about Advance Directives

Member initials \_\_\_\_\_ Date \_\_\_\_\_

I have been provided the Advance Directives Resource sheet as a helpful tool in developing an advance directive

Member initials \_\_\_\_\_ Date \_\_\_\_\_

**Section II Advance Directives Development**  
(to be filled out by the Assigned Clinician)

Date: \_\_\_\_\_

Member has developed an Advanced Directive Yes \_\_\_\_\_ No \_\_\_\_\_

If No, stop here and let the member recipient know that assistance in developing an Advanced Directive is available

If an Advanced Directive has been executed (developed) is it in the medical record Yes \_\_\_\_\_ No \_\_\_\_\_

If Advance Directive has been executed, but is not filed in the medical record, please check the applicable box below:

- \_\_\_\_\_ Member does not wish to have it filed in his/her medical record
- \_\_\_\_\_ Clinical Liaison/Case Manager has asked for a copy, but has not been provided one
- \_\_\_\_\_ Other \_\_\_\_\_

To facilitate coordination of care:

\_\_\_\_\_ Has a copy of an executed Advanced Directive or refusal been sent to the Member's PCP?

**Section III. Advance Directives Enactment/Execution**

Has the Advance Directive document ever been acted on Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, have all appropriate parties been notified?

\_\_\_\_\_ Yes (specify who) \_\_\_\_\_

\_\_\_\_\_ No (describe why not) \_\_\_\_\_