

Keep Track/Learn More

Copy of My Advance Directive

Note to patient: place a hard copy of your advance directive behind this page.

Living Will/Directive to Physicians

Discussed with loved ones

Date signed

Copies given to

Original kept

Health Care Power of Attorney/Health Care Proxy

Discussed with loved ones

Date signed

Copies given to

Original kept

Revisions

Living Will/Directive to Physicians, Date

Health Care Power of Attorney/Health Care Proxy, Date