

PATIENT SELF-DETERMINATION ACT QUESTIONNAIRE

IN ORDER TO COMPLY WITH THE OMNIBUS BUDGET RECONCILIATION ACT 1990 AND CHAPTER 745, FLORIDA STATUTES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

DECLARATION TO DECLINE LIFE-PROLONGING PROCEDURE (LIVING WILL)

_____ I HAVE MADE SUCH A DECLARATION.

_____ I HAVE NOT MADE SUCH A DECLARATION.

HEALTH CARE SURROGATE

_____ I HAVE DESIGNATED A HEALTH CARE SURROGATE.

_____ I HAVE NOT DESIGNATED A HEALTH CARE SURROGATE.

DURABLE POWER OF ATTORNEY

_____ I HAVE APPOINTED A DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS.

_____ I HAVE NOT APPOINTED A DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS.

SIGNATURE OF PATIENT OR
REPRESENTATIVE

DATE