

Advance Directive Form

PM Form 3.12.1

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) _____