

## ADVANCE DIRECTIVE CHECKLIST

**Client able to give or receive information?**

**Yes** CSH 170, Your Right to Decide, given: Date/Time/Employee

Signature/Title \_\_\_\_\_

**No** Date/Time/ Employee Signature/Title \_\_\_\_\_

If client is a minor or has a legal guardian, so note and no further documentation is necessary. If client is initially unable to give or receive information, document follow up efforts with employee signature/title and date/time (continue on reverse if more space is needed): \_\_\_\_\_

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**Client has:**

**Living Will** Copy Filed in Special Request (CSH-650) sleeve: Date \_\_\_\_\_ Time \_\_\_\_\_

Specific instructions if any re: nutrition &/or hydration:  
\_\_\_\_\_

If copy not initially available, document efforts to get copy with employee signature/title and date/time:  
\_\_\_\_\_  
\_\_\_\_\_

**Durable Power of Attorney for Healthcare** Copy Filed in Special Request (CSH-650) sleeve: Date \_\_\_\_\_  
Time \_\_\_\_\_

Name of Agent \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Address \_\_\_\_\_

If copy not initially available, document efforts to get copy with employee signature/title and date/time:  
\_\_\_\_\_  
\_\_\_\_\_

**Other Directives, if any**, described below and/or filed in Special Request (CSH-650) sleeve:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No Advance Directive**

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**Client:** Please read the following statements:

1. I have been given written materials on my rights to accept or refuse medical and surgical treatment and my right to formulate advance directives. I have been informed of my rights and options under Georgia law concerning the making of treatment decisions and the formation of advance directives such as a Living Will or Healthcare Power of Attorney.
2. I understand that I am not required to have an advance directive in order to receive medical treatment at Central State Hospital.
3. I understand that the terms of any advance directive that I execute will be followed to the extent possible under the law by Central State Hospital.

\_\_\_\_\_  
**Client's Signature/Date/Time**

\_\_\_\_\_  
Employee's Signature/Date/Time

Client Identification