



HOUSTON CENTER FOR FAMILY PRACTICE and SPORTS MEDICINE

NOTICE OF ACKNOWLEDGEMENT ADVANCE DIRECTIVE

Patient Name: _____

Date of Birth: _____

An Advance Directive is a legal document allowing person to give directions about future medical care or to designate another person(s) to make medical decision if he or she should lose decision-making capacity. Advance Directives are the following written instruments: the Living Will and the Durable Power of Attorney for Health Care. The instrument may be revoked and a Notation of the date and time must be made to the patient's medical record.

Do you have an Advance Directive?

A. Directive to Physicians (Living Will) Yes No

B. Durable Power of Attorney for Health Care Yes No

Is it up to date: Yes No

Where is a copy located? _____

Principle Agent: _____

Address and Phone: _____

Alternate Agent: _____

Address and Phone: _____

Signature of Patient or Representative

Date