Advance Directives Flow Chart

Name: _________________________________________________________
DOB: __________________________________________________________

Has the patient completed Advance Directives? 
(Living Will and/or Durable Power of Attorney for Healthcare)

Yes

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

No

Does the patient want additional advance directives information?

Yes

Information Provided:

Date

Signature

NO

Referred to The Health Plan for Information:

Date

Signature

NO

Does the patient want additional advance directives information?

Yes

Information Provided:

Date

Signature

NO

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

NO

Referral to The Health Plan for Information:

Date

Signature

YES

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

NO

Referral to The Health Plan for Information:

Date

Signature

YES

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

NO

Referral to The Health Plan for Information:

Date

Signature

YES

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

NO

Referral to The Health Plan for Information:

Date

Signature

YES

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

NO

Referral to The Health Plan for Information:

Date

Signature

YES

Does the patient have a copy with them or is there a copy on the medical record?

Yes

Place copy on chart

Date

Signature

NO

Referral to The Health Plan for Information:

Date

Signature

YES

Additional information can be obtained at healthplan.org
Forms should be updated every three years to meet compliance. (This form is not intended for Behavioral Health use.)