



ADVANCE DIRECTIVE FOR RESUSCITATION

I, _____(patient or surrogate decision maker), request the following directive for _____(patient's name) my _____(self or relationship).

Please initial **only** the items you are requesting.

_____ **Full Cardiopulmonary Resuscitative Efforts**

_____ **Partial Cardiopulmonary Resuscitation (CPR)**
(Chemical Treatment/Drug Therapy)

_____ **Do Not Resuscitate**

Current advance directive copied and placed in my medical record

I chose not to make an Advance Directive Decision at this time.

I request consultation with Social Services.

I am aware that refusal of the above measures will not affect the quality of care provided and every attempt will be made to ensure the comfort of the individual while respecting the rights and wishes of that individual to refuse life-sustaining measures.

This document is not final and may be changed and/or cancelled by the signer, if the condition of the individual changes or other circumstances exist, after discussion with the physician.

I have read and I understand the significance of this document.

Signature: _____ Date: _____

Witness: _____