

Yolanda T. Grady, M.D., Inc.
ADVANCE DIRECTIVE STATUS

I have been informed of my right to formulate an Advance Directive and I have been provided with information regarding the execution of an Advance Directive.

Please check one of the following:

- I have previously completed an Advance Directive and have provided a copy for inclusion in my record.*
- A copy of my Advance Directive is on file with _____.*
(Physician or Health Care Facility)
- I have not executed an Advance Directive and I am not interested in any further information.*
- I am interested in the formulation of an Advance Directive and will discuss my options with my primary care provider.*

Patient's Signature

Date

Comments:

- The patient was given a brochure/information on Advance Directives.*

Staff's Signature

Date

Patient Name:

DOB: