Respecting Patient Choices

Advance Care Plan Contact Information Sheet

Name of Agent / Person Responsible_____

Telephone Numbers _____ (Home)

_____ (Mobile)

_____ (Work)

Relationship to Patient _____

Date _____

If you choose to have an alternate contact person:

***Alternate* Agent / Person Responsible**

Name _____

Telephone Numbers _____ (Home)

_____ (Mobile)

_____ (Work)

Relationship to Patient _____

Date _____

Your Advance Care Plan includes the following documents:

Statement of Choices	Yes	No
Guardianship Documentation	Yes	No

Certified copies of your Advance Care Plan have been given to:	Date	Initials
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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