

NAME

ATTENDING PHYSICIAN

ID #:

### MEDICAL TREATMENT DECISION MAKER IDENTIFICATION FORM

**General:** Staff, please identify medical treatment decision maker

The above named individual retains the right to make his / hers own medical treatment decisions.

The above named individual has been deemed unable to participate in medical treatment decisions. A copy of the activated patient advocate designation has been received and is part of the medical record. The patient advocate is named below.

The above named individual has a court appointed guardian. The guardian is named below.

**MEDICAL TREATMENT DECISION MAKER:**

(Place X in appropriate box)

Resident

See face sheet for phone number

Patient Advocate

See face sheet for phone number

Guardian

See face sheet for phone number

STAFF MEMBER COMPLETING THIS FORM:

Name (Last, First, MI) (Please Print)

STAFF MEMBER COMPLETING THIS FORM:

Signature

Date