



## ORLANDO MEDICAL CENTER

7800 LAKE UNDERHILL ROAD

ORLANDO, FL 32822

Ph: (407) 282-2244 ♦ Fax: (407) 282-2002

# PATIENT SELF DETERMINATION ACT QUESTIONNAIRE

## DON'T LOSE YOUR RIGHT TO DECIDE!

*You cannot remove all uncertainty about your future healthcare needs but by having an advance directive you can have the peace of mind that comes from making your wishes known in advance!*

### Declaration To Decline Life-Prolonging Procedures (Living Will)

- I HAVE MADE A LIVING WILL.
- I DO **NOT** HAVE A LIVING WILL.

### Health Care Surrogate

- I HAVE DESIGNATED A HEALTH CARE SURROGATE.
- I HAVE **NOT** DESIGNATED A HEALTH CARE SURROGATE.

### Durable Power of Attorney

- I HAVE APPOINTED A DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS.
- I HAVE **NOT** APPOINTED A DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS.

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Patient name (please print)

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Date

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Signature of Patient or Representative