

Advance Directives Form

PM Form 3.12.1

THIS FORM MUST BE COMPLETED AND PROMINENTLY DISPLAYED IN THE BEHAVIORAL HEALTH MEDICAL RECORD

Section I. Advance Directives Information Provided to Behavioral Health Recipients
(to be checked and initialed by the consumer)

I have been provided written information about Advance Directives via the Member Handbook

Consumer's initials Date

I have been provided a verbal explanation about Advance Directives

Consumer's initials Date

I have been provided the Advance Directive Resources sheet as a helpful tool in developing an advance directive.

Consumer's initials Date

Section II. Advance Directives Development
(to be filled out by the Assigned Clinician)

Date: _____

Behavioral Health Recipient has developed an Advance Directive. Yes No

If No, stop here and let the behavioral health recipient know that assistance in developing an Advance Directive is available

If an Advance Directive has been executed (developed), is it in the behavioral health medical record? Yes No

If Advance Directive has been executed, but is not filed in the behavioral health medical record, please mark the applicable box below:

Behavioral Health Recipient does not wish to have it filed in the behavioral health medical record

Clinical Liaison/Case Manager has asked for a copy, but has not been provided one

Other _____

To facilitate coordination of care:

Has a copy of an executed Advance Directive or refusal been sent to the Behavioral Health Recipient's PCP?
