

**MEMPHIS HEART CLINIC**  
**ADVANCE DIRECTIVES FOR MEDICAL CARE (LIVING WILL)**

Under the Federal Patient Self Determination Act we as healthcare providers are obliged to inform you that, as a competent adult or as the parent/legal guardian of a minor, you have the right to make advance decisions regarding your healthcare. In the event of a life threatening emergency, it is policy of the Memphis Heart Clinic to perform Cardiopulmonary Resuscitation (CPR) as necessary to stabilize our patients for transfer to an acute healthcare facility.

In order to fulfill our obligation we must ask the following questions:

Do you have an Advance Directive?      Yes      No

Did you bring a copy with you?      Yes      No

Where is the original document? \_\_\_\_\_

I am stating that I have read the above and understand my rights in the making of advance healthcare decisions. I further understand that, if I have a Living Will or any form of Advance Directives I must inform the Memphis Heart Clinic of the same, and it is my responsibility to present them a copy.

Name \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

Please Print

Signature \_\_\_\_\_

Relationship to Patient \_\_\_\_\_