

# PATIENT SELF DETERMINATION ACT QUESTIONNAIRE

In order to comply with the Omnibus Budget Reconciliation Act of 1990 and Chapter 745, Florida Statutes, please answer the following questions:

## Declaration to Decline Life-Prolonging Procedures (Living Will) (DNR)

- I have made such a declaration.
- I have **NOT** made such a declaration.

## Health Care Surrogate (Assigning another person to make medical decisions for you).

- I have made such a declaration.
- I have **NOT** made such a declaration.

## Durable Power of Attorney (Assigning another person to make any decision for you).

- I have made such a declaration.
- I have **NOT** made such a declaration.

I have read and understand the above regarding the  
PATIENT SELF DETERMINATION ACT  
Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the above regarding the  
PATIENT SELF DETERMINATION ACT  
**But I decline to answer the above questions**  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_