

REFUSED OFFER OF INSTRUCTIONS ON
CURRENT LIFE-SUSTAINING TREATMENT OPTIONS FORM

I, _____ as a () Resident, () health care agent, () surrogate for _____ (Resident's name), acknowledge that I was offered an Instructions on Current Life-Sustaining Treatment Options Form and declined the use of the Form at this time. The Facility explained that an attending physician, or another health care provider under his or her supervision, would be available to offer me assistance in filling out the Instructions on Current Life-Sustaining Treatment Options Form. I understand that I may at a later time decide to use the Instructions on Current Life-Sustaining Treatment Options Form and may request such Form from this Facility. The Form was offered to me by _____ (Staff Member's Name).

Signature of Resident, Resident's Agent, or Surrogate

Date

Signature of Staff Member

Date