



DT104

Atlantic Health System

PATIENT/FAMILY CONTACT LIST

PATIENT ID HERE

Patient's Preferred Name/Nickname: _____

Contacts

People who have permission to receive detailed information about your care:

PRIMARY CONTACT

Name:	Phone Numbers
Relationship:	Cell: _____
<input type="checkbox"/> Check here if you would like us to involve this person in discussions about your health care	Home: _____
	Other: _____

SECONDARY CONTACT(S)

Name:	Phone Numbers
Relationship:	Cell: _____
	Home: _____
	Other: _____

Name:	Phone Numbers
Relationship:	Cell: _____
	Home: _____
	Other: _____

Designation of Caregiver

Please let us know if you have a caregiver who will help you at home after you are discharged from the hospital (usually a family member). With your written permission, the designated caregiver will be given information about your medical care. You can change your designated caregiver at any time during your hospitalization.

CAREGIVER

Name:	Phone Numbers
Relationship:	Cell: _____
Address:	Home: _____
Email:	Other: _____

I decline to designate a caregiver at this time.

Comments/Other Information:

For Outpatients:

Phone number where a detailed message can be left: _____

Phone number where I can be reached for follow up the day after my procedure: _____



Surrogate Decision-Making

If you cannot make your own healthcare decisions, we may need additional information to help us understand your wishes or choose a person to make decisions for you. Please let us know if you have any of the following:

- Order Appointing Guardian** - A document signed by a judge that requires another person to act on your behalf.
- Advance Directive** - A legal document with written instructions for making decisions if you are not able to speak for yourself. It may ask that any treatment, including life-supporting treatments (such as breathing machines, feeding tubes, medicines by vein, CPR, etc.) be accepted or refused. Types of Advance Directives include:
 - **Living Will** - Describes what kinds of treatments you would accept or refuse and under what circumstances.
 - **Power of Attorney (for health care)** - Names a "health care representative" or "health care proxy" to make care decisions on your behalf. Please note that this is not the same as a power of attorney for financial matters.
 - **Combined Directive** - Combination of both a Living Will and a Power of Attorney
- DNR (Do Not Resuscitate) Order** - A physician order which says that we will not make resuscitation efforts if you experience cardiac and/or respiratory arrest.
- POLST (Practitioners Orders for Life-sustaining Treatment)** - A document that converts your wishes about life-sustaining treatment into a set of medical orders. It is a way to explain your goals and preferences about a range of medical interventions. It is typically used by individuals with limited life expectancy and specific preferences regarding life-sustaining treatments.

If you checked any of the above **please provide us with a current copy**. If you already gave copies to an AHS doctor or hospital, please tell us when and where: _____

If you do not have any of these documents we will contact your "next of kin" in this order unless you tell us otherwise: spouse/domestic partner, adult children, parents, siblings, other relatives and/or close and caring friends.

If you have any questions or would like more information please ask to speak to a social worker.

Comments/Other Information:

Signature of Patient (or Person Authorized to Sign for Patient)

Relationship to Patient

Date