

MID-CENTRAL ILLINOIS GASTROENTEROLOGY, Ltd.
GASTROINTESTINAL INSTITUTE, LLC.

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Do you have an advanced directive or living will?

- Yes:** if yes, did you bring a copy of your signed advanced directive or living will with you today?
- Yes (copy filed in chart)
- No

- No;** would you like to receive information on Advanced directives and living will?
- Yes
- No

Date

Patient Signature

Witness: _____

Staff Signature

Position Title

Date

I certify that I gave a copy of the Statement of Illinois Law and packet of information on Advanced Directives to the individual (or his/her guardian) in English

_____ in advance of the scheduled procedure.

A copy of this statement any advance directives the individual may have, have been placed in the individual's clinical record.

Date

Staff Signature

Position Title