

Beaumont

Determination of Inability to Participate in Medical Treatment Decisions

This determination is made pursuant to and shall be made a part of an Advance Directive/Durable Power of Attorney for Health Care (Designation of Patient Advocate) executed by

_____ on the _____ of _____, _____
Patient Name Date of Birth Day Month Year

Based upon our examination of the patient, we determine that the patient is unable to participate in medical treatment decisions.

This determination shall be made part of the patient's medical record.

Time: _____ Date: _____ Attending Physician: _____

Printed Attending Physician Name: _____

Time: _____ Date: _____ Another Physician or Licensed Psychologist: _____

Printed Physician/Psychologist Name: _____

Revocation

Time: _____ Date: _____ Physician: _____

Printed Physician Name: _____