



Department of Health, Division of Health Licensure and Regulation

PROVIDER IDENTIFICATION OF SURROGATE

I, \_\_\_\_\_ have identified \_\_\_\_\_
Print Name of Designated Physician Print Name of Surrogate

as surrogate decision maker for \_\_\_\_\_, based on the criteria below.
Print Name of Patient

Surrogate Identity and Contact Information:

Relationship to patient: \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_
Address: \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_
Cell Phone:(\_\_\_\_\_) \_\_\_\_\_
Other:(\_\_\_\_\_) \_\_\_\_\_

Criteria considered in identification of surrogate (mark all that apply):

- exhibits special care and concern for patient
familiar with patient's personal values/wishes
reasonably available
willing to serve
able to act in accordance with patient's known wishes/best interests
regular contact with patient prior to/during illness
able to visit patient during illness
available for face-to-face contact with providers
able to participate in the decision-making process

Physician's Signature Date/Time

Any individuals in disagreement? Yes No If yes, please explain:

Acceptance by Surrogate: I agree to serve as surrogate decision maker for the patient named above and am able and willing to make medical decisions on the patient's behalf.

Surrogate's Signature Date/Time

If no surrogate can be identified, the designated physician may make health care decisions for the patient after obtaining one of the following signatures:

I certify that the designated physician has consulted with and obtained the recommendations of the facility's ethics mechanism:

Print Name of Facility Ethics Representative

Signature of Facility Ethics Representative

Date/Time

I am a physician not directly involved in the patient's care; I do not serve in a capacity of decision-making, influence, or responsibility over the designated physician; I am not under the designated physician's decision-making, influence, or responsibility; and I concur in the care plan for this patient.

Print Name of Second Physician

Signature of Second Physician

Date/Time