



## Annual Patient Questionnaire

This form is so that you can update any of your Information that may have changed and provide us with any records that we may not already have on file. It is important that we stay informed of any medical preferences and health care decisions, known as "advanced directives", that you may have put in writing so that we can do our best to honor them. Please note that this is not a legal document: Use this questionnaire to indicate whether you have authorized an agent to make health care decisions on your behalf and whether you have made any end of life decisions.

It is important to provide ACCESS Medical Homecare with a signed copy of the documentation for these decisions, such as the New Mexico Advanced Directives Form. Please attach the copies to this form after you complete and return them together. Or alternatively, you can indicate if you would like us to contact a family member or your health care agent to get a copy of your directive. Lastly, advance planning is an ongoing process and we encourage you to continue discussing these issues with your doctor as needed. We will continue this process annually to make sure your information stays up to date.

### What Family and Friends are involved in your medical care?

Please use this section to inform us of any friends and family who you would like us to share your medical information with. For example, are there other individuals in your household that may have to help you with any doctor's instructions? Please provide their name, phone number, and relationship (if need additional space please attach a separate page).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

### Advanced Directives

Please use this section to let us know about any advanced directive documents you may have signed.

### Power of Attorney (POA):

\_\_\_\_\_  
Name Relationship Phone

Contact my POA for documentation at \_\_\_\_\_

### Do Not Resuscitate Order (DNR)

YES I have a DNR Order

NO I do not have a DNR