UC_{SF} **Medical Center**

提前健康護理指令資料

ADVANCE HEALTH CARE DIRECTIVE INFORMATION
(Bilingual Form: English/Traditional Chinese)

UNIT NUMBER

PT.NAME

BIRTHDATE

LOCATION   DATE

登記處職員	☐ 在適當一項前打上勾（√）並填寫以下資料
Admission Staff	**Check appropriate box (√) and sign below.**

☐病人提供了提前指令副本

 Patient provided a copy of his/her advance directive. (Y/A)

给職員的指示：復印提前指令副本, 並放在病人的病歷表裏
Instructions to Staff: Copy Advance Directive and place in patient's medical record behind the Advance Directive divider.

 *如果病人的提前指令不在表格中, 請打353-1488**與**登記處聯系   If a copy of the Advance Directive is not in the patient's chart, please call Admitting at 353-1488.*

☐病人有提前指令, 但沒有把副本帶到醫院来.*

Patient has an advance directive but did not bring a copy to the hospital.*

编码 **LEGEND FOR CODING**

AD = Advance Directive
Y = Yes, Pt has AD
N = No, Pt does not have AD
A = AD in Chart
G = AD Info Given
W = AD Info Refused
R = Request SW
D = Deferred

☐病人說：「我沒有提前指令.」*   Patient states, "I do not have an advance directive." *

 *给職員的指示：如果以上任何一項打上(√)，你必須從以下三項中選一項：
 Instructions to Staff: If either of the two boxes above with an asterisk (*) is checked, you must complete one of the following:

 ☐ 病人提供提前指令, 但此次病人要求不受干涉. (N/G)
 Advance directive information given. No request for intervention at this time. (N/G)

 ☐ 病人拒絕提供提前指令. (N/W)
 Advance directive information refused. (N/W)

 ☐ 病人想向主治醫生提供口頭的提前指令. (N/R)
 Patient would like to provide an oral AD to the attending physician. (N/R)

 给職員的提示：請用電話或傳呼機與主治醫生聯絡.
 口頭的提前指示在住院期間或 60 天之內, 在較短的那個時間內有效.
 Instructions to Staff: Please inform attending physician via phone or pager. An oral advance directive is valid only during this hospitalization/60 days, whichever period is shorter.

醫生Dr. _____

主治醫生姓名 Print attending physician name   日期 Date   時間 Time

☐ 病人想在住院期間填提前指令. (N/R)
　　Patient would like to complete an advance directive while in the hospital. (N/R)
　　給職員的指示：請打 353-1504 與社會工作部門聯系.
　　Instructions to Staff: Please contact Social Work at 353-1504.

☐ 已把要求傳達給社會工作部門.　聯絡人之姓名
　　SW Dept. informed of request. Contact name:_____

注意：提前指示的內容可以在見了社工後更改. 請看下面方格裏社工職員填寫的內容.
Note: AD status may change after SW intervention. See Social Worker box below.

☐ 病人不能回答關於提前指示的意願

Patient is unable to answer questions about advance directives. (N/D)

原因說明（必須是導致病人在出院之前無法與人溝通的臨床病因）
Indicate reason (must be clinical, and one that will not allow the patient to communicate prior to discharge)

_____

填表職員簽名 **Signature of Staff completing this form**：_____

日期 **Date**：_____ / _____ / _____

正楷簽名 **Print Name**：_____

社工職員	☐ 在適當一項前打勾(√)並填寫以下資料
Social Worker	**Check appropriate box and sign below.**

下面說明提前指令的更改內容，由詢問病人的社工職員填寫.
To be completed by Social Worker interviewing the patient. Indicate change in AD status below.

☐ 提前指令已完成並放在病人的病歷表裡

　Advance Directive completed and placed in patient's medical record chart. (Y/A)
　　☐ 已通知醫人員並巳在病歷表填寫報告
　　Healthcare providers notified and progress note written.

☐ 協助了病人, 但沒有完成提前指令

　Assistance provided but advance directive not completed. (N/G)

社工職員簽名 **Social Worker's Signature**:_____　日期 **Date**：___ / ___ / ___

姓名正楷**Print Name:** _____

意見 **Comments**：_____
_____

如果你對這份表格有任何意見, 請打353-1504與社會工作部門聯系.

If you have any questions regarding this form, please contact Social Work at 353-1504.

主治醫生 ATTENDING PHYSICIAN	☐ 在適當一項前打勾(√)並完成以下的表格 Check box (√) below and complete this form below.

☐ 口頭提前指令已完成 **Oral Advance Directive completed. (Y/A)**

病人指定的健康決定代言人

Name of Health Care Agent designated by patient: _____

代言人地址 Address: _____

電話 Phone number: _____ 與病人關係 Relationship to Patient: _____

替代人(如有需要)Alternate Agent (if desired): _____

替代人地址Address: _____

電話 Phone number: _____ 與病人關係 Relationship to Patient: _____

一般指示(如果知道, 但不必要) General directive (if known, but not necessary):
_____
_____
_____
_____

主治醫生姓名 Attending Physician's Name (Print): _____

主治醫生簽名 Attending Physician's Signature: _____

主治醫生執照號碼 Attending Physician's License Number: _____

給職員的指示: 在完成後, 請存放在病歷表的提前健康護理指令資料部分

Instructions to Staff: Upon completion, please file in the Advance Directives section of the patient's medical chart.

口頭的提前指示在住院期間或 60 天之內, 用較短的那個時間內有效.

This oral advance directive is valid only during this hospitalization or for 60 days, whichever period is shorter.

口頭的提前指示由病人取消 **Oral AD Revoked by Patient**

簽名Signature: _____ 日期 Date: _____

獲得通知的主治醫生 Attending Physician receiving the information

姓名正楷 Print Name: _____

指示：在口頭的提前指示文件打上(X)號。
Instructions: **Place an (X) through the Oral AD Document.**

職員指示：通知住院登記處職員353-1488 。請存放在病歷表的提前健康護理指令資料部分。
Instructions to Staff: **Notify Admissions of the revocation at 353-1488. Please file this form in Advance Directive section of the patient's medical chart.**