

Goals of Care:

Date _____

1. Patient is decisional: (Yes/No)

If not decisional: why?

Comments (not all cases are yes/no)

2. Patient has completed an Adv Directive document(s)

- None
- WI POAHC
- WI Living Will
- Other: _____

Is the AD in the chart: (Yes/No)

3. Code Status: ***

Rationale behind code status: ***

4. Goals of care: ***

- a)
- b)
- c)
- d)

As determined by:

- Patient
- Legal surrogate decision maker
- Legal guardian
- Other: _____

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