

Advance Directive for Patients with Disabilities

Personal Information

Name

Date of Birth

Phone

Address

Disability Information

Primary Disability/Condition

Additional Needs or Accommodations

Preferences Regarding Treatment

Treatment Preferences & Instructions

Assistive Devices and Communication Preferences

Healthcare Proxy/Representative

Name

Relationship

Phone

Other Instructions or Special Considerations

Signatures

Patient/Principal Signature

Date

Witness Signature

Date