

Date: \_\_\_\_\_

\_\_\_\_\_ reports that he/she has not prepared an advance directive for healthcare.

Person receiving this information \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All healthcare providers are advised that \_\_\_\_\_ has prepared an advance directive for healthcare, which is attached or is available from (name, address, phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person receiving this information: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All healthcare providers are advised that \_\_\_\_\_ has prepared an advance directive for healthcare, which is attached or is available from (name, address, phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person receiving this information: \_\_\_\_\_

Client Signature: \_\_\_\_\_

**Advance Health Care Directive**  
**County of San Bernardino**  
**DEPARTMENT OF BEHAVIORAL HEALTH**  
**Confidential Patient Information**  
**See W & I Code 5328**

**NAME:**  
**CHART NO:**  
**DOB:**  
**PROGRAM:**