



Illinois Department of Public Health
UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE

Patient's name _____

Summarize medical condition:

When This Form Should Be Reviewed

This DNR order, in effect until revoked, should be reviewed periodically, particularly if –

- The patient/resident is transferred from one care setting or care level to another, or
- There is a substantial change in patient/resident health status, or
- The patient/resident treatment preferences change.

How to Complete the Form Review

1. Review the other side of this form.
2. Complete the following section.
 If this form is to be voided, write "VOID" in large letters on the other side of the form.
 After voiding the form, a new form may be completed.

<u>Date</u>	<u>Reviewer</u>	<u>Location of review</u>	<u>Outcome of Review</u>
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED; new form completed <input type="checkbox"/> FORM VOIDED; no new form completed

<u>Date</u>	<u>Reviewer</u>	<u>Location of review</u>	<u>Outcome of Review</u>
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED; new form completed <input type="checkbox"/> FORM VOIDED; no new form completed

<u>Date</u>	<u>Reviewer</u>	<u>Location of review</u>	<u>Outcome of Review</u>
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED; new form completed <input type="checkbox"/> FORM VOIDED; no new form completed

Advance Directives

I also have the following advance directives: **Contact person** (name and phone number)

Health Care Power of Attorney _____
 Living Will _____
 Mental Health Treatment Preference Declaration _____

◆ *Send this form or a copy of both sides with the individual upon transfer or discharge.* ◆