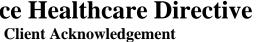
YOLO COUNTY ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT

Advance Healthcare Directive





This information applies to adult clients (ages 18 years and older) only.

Client's Name: MR No				
1.	Do yo	u have an Advance Healthcare Directive (Advance Directive)?	Yes	☐ No
	a.	<u>IF YES</u> , have you provided the Yolo County Alcohol, Drug & Mental Health Department (ADMH) with a copy of the Advance Directive?	Yes	☐ No
	b.	Date ADMH received client's Advance Directive:	Date	
2.		MH received a copy of your Advance Directive, in the event of an emergency, may H share this Advance Directive with other healthcare providers?		□ No
Client	's Signa	ature	D	ate
Staff Signature			Date	