

**EMERGENCY CLINICAL DESIGNATION  
OF A SURROGATE**

*(a licensed physician must complete this form)*

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Statement of Clinician Designating a Surrogate:

The above named patient is receiving medical treatment(s) for one or more urgent/emergent conditions that may be life-threatening in nature. He/she has been evaluated and appears to lack decisional capacity. He/she has no known advance directive. One or more family members/significant others are available and willing to participate in medical decision-making. There is no time to pursue designation of a surrogate decision-maker via the courts. Among those available, there is one individual who appears best suited to represent the patient based upon the following criteria:

- A preexisting close relationship
- Most familiar with the patient and his/her likely wishes.
- Readily available to assist
- Possessing adequate capacity to understand and weigh relevant issues
- Appropriately concerned and invested in the patient
- Openly willing to participate in medical decision-making
- Supported in this role by a majority/consensus of involved others

Based upon this criteria, and for purposes of urgent/emergent medical decision-making only, the following Clinical Designation of a Surrogate (CDS) has been made:

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

The CDS and involved others have also been advised to:

- \_\_\_\_\_ 1) Aid the patient in completing an advance directive, if the situation is expected to promptly return the patient to decision-making capacity. *OR*,
- \_\_\_\_\_ 2) Obtain a Representative Advance Directive (see: [www.lifecaredirectives.com](http://www.lifecaredirectives.com), Representative AD) by which to review any statutory criteria available to finalize the determination of a long-term Representative Agent. *OR*,
- \_\_\_\_\_ 3) To petition the courts for the designation of a guardian or medical conservator.

Clinician Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone Contact: \_\_\_\_\_