

West Virginia e-Directive Registry Sign-Up Form with Additional Required Demographic Information

In October 2010, West Virginia advance directive and medical order forms (DNR and POST) were changed to include more demographic information. West Virginia advance directives (Living Wills and Medical Powers of Attorney) and physician orders (DNR cards and POST forms) that do not include demographic information at the top of the form must have additional identifying information submitted in order to be added to the e-Directive Registry. With the patient's permission (or the medical power of attorney representative/surrogate's permission if the patient lacks capacity), fill in the information below and FAX or mail this form with a copy of **BOTH** sides of the advance directive and/or DNR card and/or POST form.

OPT-IN Initial in the box to the left if you give permission as the person or as the guardian, medical power of attorney representative, or surrogate decision maker of the person to have the attached or previously submitted Living Will, Medical Power of Attorney, POST form, and/or DNR card (if completed) included in the WV e-Directive registry and released to treating health care providers.

Please provide the following required information:

(Last Name/First/Middle Initial)

(Date of Birth)

(Address)

(City, State, Zip Code)

Gender (check one): (Male) (Female)

Last 4 numbers of your Social Security number:

Updating Demographic Information:

Please initial box below if only updating demographic information. Please fax or mail a completed copy of this revised form.

Demographic updates for previously submitted advance directive forms to e-Directive Registry.

WV e-Directive Registry
1195 Health Sciences North
P O Box 9022
Morgantown, WV 26506-9022
Phone: 877-209-8086
FAX: 844-616-1415