



The Dartmouth Dementia Directive

Record of DDD and Video Recording
Keep this document with your important papers

My Name: _____

I have completed the Dartmouth Dementia Directive on: _____
(date)

The original is located at: _____

My durable power for healthcare (DPOA – HC) is:

Name: _____

Address: _____

Telephone: _____

Email address: _____

My alternate durable power for healthcare (Alternate DPOA – HC) is:

Name: _____

Address: _____

Telephone: _____

Email address: _____

The following individuals have copies of my Dartmouth Dementia Directive:

(OVER)

My Dartmouth Dementia Directive has been scanned electronically into the electronic medical record at the following institution(s):

Institution 1: _____

Address: _____

Institution 1: _____

Address: _____

I have reviewed my written Dartmouth Dementia Directive on the following dates and have/have not made changes:

Date: _____ Unchanged _____ Updated _____

Date: _____ Unchanged _____ Updated _____

Date: _____ Unchanged _____ Updated _____

Date: _____ Unchanged _____ Updated _____

Date: _____ Unchanged _____ Updated _____

I have made a video recording of my Dartmouth Dementia Directive on this date: _____

The original video recording is located at: _____

I have updated the video recording on the following date(s): _____

The following individuals have copies of my Dartmouth Dementia Directive Video Recording (updated version, if applicable):

(OVER)