



ST. DOMINIC'S SENIOR CARE HOME
350 North Sabana Drive
Barrigada Heights, Guam 96913

RESIDENT KNOWLEDGE OF DIAGNOSIS

RESIDENT _____

_____ The above-named resident has been informed of his diagnosis and prognosis. No information has been withheld from him.

_____ The above-named resident has been given information on his diagnosis and prognosis with some reservations. These reservations were made because:

_____ Resident is mentally incompetent and unable to understand.

_____ Resident is emotionally unable to accept information.

_____ Other reasons _____

_____ The above-named resident has not been informed of his diagnosis or prognosis because:

_____ Resident is mentally incompetent and unable to understand.

_____ Resident is emotionally unable to accept information.

_____ Other reasons _____

Diagnosis: _____

Signed _____ M.D.

Date _____