

PERSONAL DIRECTIVE

A Personal Directive will give your Agent the right to make decisions on your behalf regarding your medical care or health decisions should you lose mental capacity. You can include instructions that you want followed (e.g. refuse blood products), as long as it does not include anything illegal, such as assisted suicide or euthanasia. The need for a Personal Directive may be short-term, such as when a serious illness leaves you unable to make decisions for a few days. However, in the event of serious brain injury or a progressive condition like Alzheimer’s Disease, a Personal Directive may be required for the remainder of your life. Unlike a Will, which takes effect after you die, a Personal Directive guides personal decisions that are made on your behalf while you are still living – when you can no longer make decisions on your own.

Your Agent should be someone you know and trust completely. Your Agent must be 18 years of age at any time while the Personal Directive is in effect and your Agent must have the capacity to make personal decisions on your behalf. The Personal Directive will take effect only when you lack capacity with respect to your medical care or health decisions. You will be determined to lack capacity when you are unable to communicate you own decisions by speaking, writing or gesturing; or in the opinion of at least two medical doctors that you no longer have the requisite mental capacity to make competent decisions about your personal care are treatment.

If you have named someone as the sole beneficiary of your Estate in your Will, it may be preferable to name him/her as the primary Agent. You should also name alternates, in the event that your first choice is unable or unwilling to act. For tax reasons, it is not advisable to choose an Agent who resides outside of Canada. If you have more than one Agent, it would be preferable if at least one of them is a resident of Alberta.

1. PERSONAL INFORMATION			
Full Name		Date of Birth	
Present Address			
Mailing Address (if different from above)			
Home Phone Number	Work Phone Number	Cell Phone Number	Fax Number
Email Address			

2. PRIMARY AGENT

Please name an Agent. This is the person that will make decisions for you if you should lose the capacity to make them for yourself.

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

3. JOINT AGENTS

If you want more than one Agent to act together (Joint Agents) to make medical decisions on your behalf, please name the other Agent or Agents here.

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

If you are naming more than two Agents, should they make decisions on a majority basis or do they all have to agree?

- Majority Agreement
 Unanimous Agreement

4. ALTERNATE AGENTS

If you are not naming Joint Agents and in the case that your Primary Agent is unable or unwilling to act, please list your alternate Agent(s) here.

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address
Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

5. CAPACITY TEST

Please indicate who should decide whether or not you still have lost capacity to make decisions about any personal matter:

- One qualified capacity assessor
- One qualified capacity assessor who must be a medical doctor or psychologist
- Two qualified capacity assessors
- Two qualified capacity assessors, one of whom must be a medical doctor or psychologist

6. NO HOPE OF RECOVERY

What are your views about being kept alive artificially if there is no hope of recovery?