



Barristers & Solicitors

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PERSONAL DIRECTIVE WORKSHEET

MAKER – Person who is subject matter of document

Full Legal Name		Other Names Known By		
Home Address		City/Town	Province	Postal Code
Home Phone Number	Cell Phone Number	E-mail		

AGENT SELECTION – Person who will make personal decisions for Maker

AGENT #1 (FULL NAME and MUNICIPALITY, PROVINCE where resides)

AGENT #2 (OPTIONAL - FULL NAME and MUNICIPALITY, PROVINCE where resides)

If more than one Agent is being appointed, select from the following:

- Agents can act jointly and separately, meaning independently of each other at times (but must always confer on decisions)
- Agents must act jointly, meaning they must work together and agree on all decisions, as well as communicate those decisions collectively
- Each Agent has separate powers to act solely in different personal decisions (if selected, specify which Agent and the powers they are solely responsible for):

Select one (optional):

Majority Rules Final say (identify which one): _____

ALTERNATE AGENT #1 (FULL NAME and MUNICIPALITY, PROVINCE where resides)

ALTERNATE AGENT #2 (OPTIONAL - FULL NAME / MUNICIPALITY, PROVINCE where reside)

If more than one Alternate Agent is being appointed, select from the following:

- Agents can act jointly and separately, meaning independently of each other at times (but must always confer on decisions)
 - Agents must act jointly, meaning they must work together and agree on all decisions, as well as communicate those decisions collectively
 - Each Agent has separate powers to act solely in different personal decisions (if selected, specify which Agent and the powers they are solely responsible for):
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Select one (optional):

Majority Rules Final say (identify which one): _____

POWERS GRANTED TO AGENT

Any specific guidelines or instructions to be followed by Agent and Health Care practitioners?

(REMEMBER: these guidelines assist your Agent in knowing your wishes, values and beliefs when you can no longer make personal decisions for yourself):

- Do you want to be kept comfortable and free from pain by receiving pain medications, acknowledging that there are potential side effects to all medications? Yes No
- If you have a reasonable expectation of recovery from a disease or illness that is temporary or transient in nature, are you agreeable to all medical interventions, including life support? Yes No

- Do you want your life prolonged by artificial means for any length of time, once your doctor and other consultants have determined you have no hope of regaining awareness or higher mental functions from a coma or persistent vegetative state? Yes No
 - If yes, how long? _____

- Do you have any religious considerations that need to be taken into account, such as no blood or blood by-products, etc.? Yes No
 - If yes, please elaborate: _____

- Do you wish to instruct your Agent not to interfere if you have provided advanced consent to Medical Assistance in Dying (MAiD)? Yes No

- Do you wish to be an Organ Donor? Yes No

- Do you wish to donate your body to an Anatomical Gifts program? Yes No
 - If yes, please provide name of program and registration number: _____

- Are there any other medical or other guidelines that you want your Agent to follow, regardless of the circumstances? If yes, please elaborate:

- Are you the Guardian of any minor children? Yes No
 - If yes, who is being appointed as temporary Guardian (for example, is other parent going to be sole Guardian during incapacity, or someone else; do you need an alternate appointed in case something happens to both parents simultaneously)?:

