

PERSONAL DIRECTIVE QUESTIONNAIRE

Date: _____

Full Name: _____

Address & Postal Code: _____

Phone: _____

E-mail: _____

- 1. Name an agent (This is the person(s) that will make personal decisions for you if you lose the capacity to make them for yourself).**

Full Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

- 2. If you want more than one agent to act together (joint agents), name the other agent or agents here:**

Full Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

Full Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

- 3. If you are naming more than two agents, do they made decisions on a majority basis or do they have to agree?**

_____ On a majority basis

_____ They all have to agree

- 4. If you are not naming joint agents and your first-named agent cannot or will not act, name your second choice here:**

Full Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

5. If your second-named agent cannot or will not act, name your third choice here:

Full Name of Agent: _____

Relationship: _____ Age: _____

Address: _____

6. Indicate who should decide whether or not you have lost the capacity to make decisions about any personal matter:

_____ One doctor

_____ Two doctors

_____ together with _____ One doctor _____ Two doctors or

_____ Other- Name and Address:

7. Do you want to donate your organs and tissue for transplantation purposes if at the time of your death you have any that would be useful for this purpose?

_____ Yes

_____ No

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

SCHEDULE TO THE PERSONAL DIRECTIVE

SCHEDULE "A"

To the Personal Directive for

**Family Members and Other Interested
Persons Whom I want My Agent to Notify**

(Note: please keep the information on this Schedule up to date)

Spouse	
Name	
Address	
Phone Number	

Children		
Name	Address	Phone Number

Professionals that need to know			
Title	Name	Address	Phone Number
Physician			
Dentist			
Attorney in Enduring Power of Attorney			
Lawyer			

Other Interested parties			
Title	Name	Address	Phone Number

Family Members and Other Persons Whom I direct My Agent NOT to Notify		
(Note: please keep the information on this Schedule up to date)		
Name	Address	Phone Number

SCHEDULE "B"
NOTES ON THE PERSONAL DIRECTIVE
READ THESE NOTES BEFORE SIGNING THIS DOCUMENT

1. This document authorizes the person you have named as your Agent to make personal and health care decisions for you. Your Agent cannot make decisions concerning property and financial affairs on your behalf.
2. Your Agent and service providers must continually determine whether or not you have the mental capacity to make decisions, recognizing that you may have capacity to make some personal decisions and not others.
3. Before making a personal decision pursuant to this Personal Directive, the Agent must consult with you regarding the decision.
4. Your Agent must:
 - Act honestly and in good faith,
 - As far as possible, try to help you become independent,
 - Choose the least restrictive, least intrusive course of action that is available and appropriate,
 - Encourage you to participate in your personal care decisions,
 - Try to establish regular personal contact between you and those family members and friends who support you,
 - Consult from time to time with supportive family and friends, and with whomever is providing your person care,
 - Follow the instructions and wishes you made when you were capable, unless it's impossible to do so,
 - Make the decision that they believe you would have made in the circumstances, given their knowledge of your wishes, beliefs, and values,
 - Where they do not know what decision you would have made, to make the decision they believe in the circumstances is in your best interests;
5. Your Personal Directive ceases to have effect in the following circumstances:
 - During any period in which you regain and have capacity,
 - On your death,
 - On the death or mental incapacity of your Agent (unless you have named an alternate Agent)
 - When you choose to cancel or revoke it (provided you are mentally, capable of understanding what you are doing), or
 - By order of the court;

6. Within a reasonable time after this Personal Directive takes effect, the Agent must make every reasonable effort to notify your nearest relative and your legal representative (your Attorney in an Enduring Power of Attorney or your guardian or trustee under a Dependent Adult Order).

7. Your Agent must keep a record of all personal decisions made under this Personal Directive and keep that record during the period you lack capacity, and for at least 2 years after the Agent's authority ceases. When requested, the Agent must provide a copy of those decisions to you, to your lawyer, and to anyone else entitled to receive a copy of that record, as directed in this Personal Directive or by the *Personal Directives Act*.

These notes are not intended to be legal advice to the Agent. The Agent should review the *Personal Directives Act*, consult with the Public Guardian's Office, and obtain independent legal advice.