

PERSONAL DIRECTIVE QUESTIONNAIRE

Please email the completed questionnaire to
Patty Fenton at pjfenton@tainsh.ca or via fax to 403-443-2025

Thank you!

LEGAL FEES for preparation of ONLY Personal Directive

Single \$225.00 + G.S.T., and applicable disbursements

Husband and Wife \$275.00 + G.S.T., and applicable disbursements

LEGAL FEES for preparation of BOTH Personal Directive and Enduring Power of Attorney

Single \$275.00 + G.S.T., and applicable disbursements

Husband and Wife \$375.00 + G.S.T., and applicable disbursements

Date: _____

Do you have a previous Personal Directive? YES NO

Have you completed a Green Sleeve with a medical practitioner or social worker that contained a Personal Directive? YES NO

****If YES - Please provide a copy of the document****

YOUR Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Fax: _____

Email: _____

1. **Name an Agent (This is the person or persons that will make decisions for you should you lose the capacity to make them for yourself)**

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

If you want more than one Agent to act together (Joint Agents), name the other Agent or Agents here:

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

3. **If you are naming MORE than two (2) Agents, do they make decision on a majority basis or do they all 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 can not or will not act, name your second choice here:**

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

If your second-named Agent can not or will not act, name your third choice here:

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

6. Which decisions do you want your Agent to make on your behalf?

- My health care (ie. surgical decisions, treatment decisions)
- My accommodation (ie. long term care facility, assisted living facility)
- With whom I live and associate (ie. family members, facility)
- My participation in social, educational and employment activities
- Legal matters that do not relate to my estate

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

- One (1) Doctor
- Two (2) Doctors
- _____ together with one (1) doctor
- _____ together with two (2) doctors

8. Do you wish to be kept alive artificially if there is no known hope of recovery?

- Yes
- No

9. 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?

- ORGAN DONATION** is when an organ (e.g., heart, lung, kidney) is removed from one person and transplanted into another person.
- TISSUE DONATION** is when tissues in the body (e.g., skin, corneas, bone) are removed from one person and transplanted into another person.

10. Is your wish to donate your ORGANS and TISSUE for transplantation indicated on

your driver's licence and registered with Alberta Registries?

- Yes
- No

11. I instruct my health care service providers to cease and refrain from any medical or surgical treatments which would prolong my life in the following circumstances:

- I do not wish my life to be prolonged by artificial means if I am in a coma or a persistent vegetative state and in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions no matter what is done;

-OR-

- I do not wish my life to be prolonged by artificial means if I am in a coma and, in the opinion of my physician and other consultants, have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying;

- I do not wish my life to be prolonged by artificial means if I have brain damage or some brain disease that in the opinion of my physician and other consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, and I also have a terminal illness, such as incurable cancer, that will likely be the cause of my death;

-OR-

- I do not wish my life to be prolonged by artificial means if I have brain damage or some brain disease that in the opinion of my physician and other consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, but I have no terminal illness, and I can live in this condition for a long time.

- I wish to be kept comfortable and free from pain. This means that I may be given pain medication even though it may dull consciousness and indirectly shorten my life.

12. BILL C-14 - MEDICAL ASSISTANCE WITH DYING - END OF LIFE CHOICE

End-of-life care and medical assistance in dying are important, sensitive and emotional issues for Albertans and Canadians. If you are looking for information on all end-of-life options please visit www.ahs.ca/MAID