



What is an ADVANCE DIRECTIVE:

An Advance Directive is a legal document that contains your instructions about the health care that you want or do not want to have in the future.

What is a REPRESENTATION AGREEMENT:

A Representation Agreement is the legal document you can use to appoint someone to make decisions on your behalf about health and personal care in the event that you become unable to make those decisions for yourself.

- **Do you have an existing Representation Agreement ? [] YES [] NO**

- **If yes:**

- **Is copy available? [] YES [] NO**
- **Revocation required? [] YES [] NO**

- **Who are we drafting the documents for ?**

- **Single person**
- **Couple**

- **CLIENT 1'S full legal name:** _____

- **Other names used:** _____

- **DOB:** _____ **Place of Birth:** _____

- **Address:** _____

- **Occupation:** _____

- **Email:** _____ **Phone:** _____

- **Citizenship(s):** _____

CLIENT 2'S (if applicable)

full legal name: _____

- **Other names used:** _____

- **DOB:** _____ **Place of Birth:** _____

- **Address:** _____

- **Occupation:** _____



- Email: _____ Phone: _____
- Citizenship(s): _____

HEALTH:

- No concerns
- Health issues:
 - CLIENT 1 _____
 - CLIENT 2 _____

Any medication or illness affecting understanding of client?

- CLIENT 1 _____
- CLIENT 2 _____

Marital status:

- Married:** Date: _____ Place: _____
- Common Law:** Date of start: _____

PRIMARY REPRESENTATIVE: Will Client1 ↔ Client2 be each other's primary representative? [] YES
[] NO

- If not, who will be the primary attorney:
- Full legal name as in their ID: _____
- Relationship to client: _____
- Address: _____
- Contact information (*phone/email*): _____

ALTERNATE REPRESENTATIVE: Who is going to be Client 1's Alternate Representative:

- Full legal name as in their ID: _____
- Relationship to client: _____
- Address: _____
- Contact information (*phone/email*): _____
- Is the Alternate Representative the same for Client1 and Client2? [] YES [] NO
- If not, who will be Client 2's Alternate Representative?
- Full legal name as in their ID: _____



- Relationship to client: _____
- Address: _____
- Contact information (*phone/email*): _____

HEALTH, PERSONAL CARE AND MEDICAL DECISIONS:

- If your natural death is close to occur:
 - I want life support
 - I want a trial period of life support, and if it is not working and there is no reasonable possibility of recovery, I want life support to be stopped.
 - I refuse life support
- If you have accepted life support or a trial period of life support:
 - I want to receive CPR
 - I want my representative to decide whether CPR (Resuscitation) is to be applied to me or not according to the circumstances, even without a trial period of life support if my representative deems there is no chance of recovery or reasonable benefit in using CPR.
- Do you want your Representative to decide even against your choices (for example accept life support even if you have decided to refuse life support) if there have been advances in technology that will substantially benefit you (for example, give you high chances of full recovery)?
 - Yes
 - No
- If you were at a care facility or under the care of someone else, and you were not capable to communicate and express your likes and preferences, what would you like your caregivers to know about:
 - Food you like/dislike or are allergic to:
 - Music, TV, reading, or other things you like?:
 - Spiritual or religious practices:
 - Are pets/animals important to you?
 - Would you like visitors or do you prefer solitude?
 - Games, cards, or any other hobby?
 - Sports, exercise?
 - Any other note?



- **If you were not able to take care of yourself, (for example, if you become incapable physically or mentally) would you prefer to:**
 - Live in a private care facility
 - Live in a public care facility
 - Have a live-in caregiver at your own place of residence.
 - I would rather let my representative decide

 - **Do you want to be an organ donor?**
 - Yes
 - No

 - **Do you want any spiritual assistance when you are dying?**
 - Yes
 - Which kind of spiritual assistance?
 - No

 - **Do you want to be buried or cremated? (if you don't know you can let your Representative decide)**

 - **Do you want to have a formal funeral, celebration of life or simple cremation/burial without any other ceremony? (if you don't know you can let your Representative decide)**
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Thank you for taking the time to fill out this form. Further information will be discussed and collected from you at your meeting with the Notary.