



**Wills on Wheels**

**PERSONAL DIRECTIVES - QUESTIONNAIRE**

**Purpose:** Manage personal decisions non financial in nature when mentally or physically incapable.

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address: \_\_\_\_\_

**Date completed:** \_\_\_\_\_

1. Who is to be appointed Agent (this person will make decisions on your behalf, indicate the city/town they live in)?

1. \_\_\_\_\_

2. \_\_\_\_\_

(a) Alternative Agents (name two people and the city/town they live in)?

1. \_\_\_\_\_

2. \_\_\_\_\_

2. Who determines when you lack capacity (indicate the city/town they live in)?

\_\_\_\_\_

(a) Alternatively (indicate the city/town they live in)?

\_\_\_\_\_

(b) Do you want one or more Physicians to determine if you lack capacity?

Yes / No Number: \_\_\_\_\_

3. Your Agent can make decisions regarding (Circle yes or no):

- (a) Health Care - Yes / No
- (b) Accommodation - Yes / No
- (c) Where you live/Who with - Yes / No
- (d) Participation in social/educational/ employment activities - Yes / No
- (e) Legal Matters - Yes / No
- (f) Other – (provide details): - Yes / No

4. Your Agents authority to provide instructions to health care providers includes the following (Circle yes or no):

- (a) You will not wish your life to be prolonged if in a coma/vegetative state: - Yes / No
- (b) You wish to be kept comfortable/free of pain i.e. medications: - Yes / No
- (c) Do you wish to donate your organs for transplant: - Yes / No
- (d) Do you wish to donate your body to science: - Yes / No
- (e) Other instructions:

If you have any questions while completing this questionnaire call Lee Olesen at (780) 460-0052.

This form can be returned by:

- Faxing it to (780) 419-7171
- mailing it to: **Olesen Law Office**  
**65 Greenbrier Crescent**  
**St. Albert, AB T8N 1A2**
- Or call (780) 460-0052 for other arrangements.

For office purposes:

Date received \_\_\_\_\_ File Number \_\_\_\_\_