



PERSONAL DIRECTIVES - QUESTIONNAIRE

Purpose: Manage personal decisions nonfinancial in nature when mentally or physically incapable.

Name: _____ Phone _____

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:

- | | |
|--|---------------|
| (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 ___ |
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4. Your Agents authority to provide instructions to health care providers includes the following:

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

This form can be returned by:

- Emailing it to: lee@olesenlawoffice.com
- Faxing it to (780) 419-7171
- mailing it to: **Olesen Law Office
17 Kirkwood Dr.,
St. Albert, Alberta T8N 6J3**

Or call 460-3080 for other arrangements.

For office purposes:

Date received _____ File Number _____