Your Temporary Substitute Decision Maker List
A capable adult is always asked for their consent. If you are not capable of making your own decisions, a substitute decision maker will be asked to make health decisions for you.

If you want to specify someone as your decision maker, you must complete either a standard (section 7) or enhanced (section 9) representation agreement (RA) and sign it in front of two witnesses.

Do you have a representation agreement designating who is your decision maker? If yes, please include a copy of your RA in your Green Sleeve.

My Representative(s) is/are:
If you do not have an RA in place, a Temporary Substitute Decision Maker (TSDM) is chosen by your doctor from a list set out in BC law. Your health care provider will choose the first person qualified and available on the list, in the prescribed order below. The order of the list may not be changed.

Ensure your TSDM understands your instructions/wishes.
I understand that if I complete a representation agreement (RA) form, a TSDM will NOT be chosen from this list.

I also understand that this list will only be used to choose a substitute decision maker if I have no representative, or if my representative is unavailable.

1. SPOUSE (includes married, common-Iaw, same sex. Length of time living together does not matter)
Name Phone
2. ADULT CHILDREN (birth order does not matter/equally ranked)

| Name | Phone |
| :--- | :--- |
| Name | Phone |
| Name | Phone |

3. PARENTS (equally ranked/may include adoptive)

| Name | Phone |
| :--- | :--- |
| Name | Phone |


| 4. BROTHERS OR SISTERS (birth order does not matter/equally ranked) |  |
| :--- | :--- |
| Name | Phone |
| Name | Phone |
| Name | Phone |

5. GRANDPARENTS (equally ranked/may include adoptive)

| Name | Phone |
| :--- | :--- |
| Name | Phone |
| Name | Phone |
| Name | Phone |

## 6. GRANDCHILDREN

| Name | Phone |
| :--- | :--- |
| Name | Phone |
| Name | Phone |

## 7. ANYONE ELSE RELATED BY BIRTH OR ADOPTION

| Name | Phone |
| :--- | :--- |
| Name | Phone |
| Name | Phone |

## 8. CLOSE FRIEND(s)

| Name | Phone |
| :--- | :--- |
| Name | Phone |

9. A PERSON IMMEDIATELY RELATED BY MARRIAGE (in-laws, step-parents, step-children, etc.)

| Name | Phone |
| :--- | :--- |
| Name | Phone |

