

Name

Name

## **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.

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 Deby your doctor from a list set out in BC law. Your health care person qualified and available on the list, in the prescribed clist may not be changed.	e provider will choose the first
Ensure your TSDM understands your instructions/wishes.	
I understand that if I complete a representation agreemen be chosen from this list.	t (RA) form, a TSDM will NOT
I also understand that this list will only be used to choose a I have no representative, or if my representative is unavaila	
Your Name (print) Signature	Date
1. SPOUSE (includes married, common-law, 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)	

Phone

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	

6. GRANDCHILDREN	
Name	Phone
Name	Phone
Name	Phone
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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