

ADVANCE DIRECTIVE

Pursuant to the *Health Care (Consent) and Care Facility (Admission) Act*

1. This is the Advance Directive of:

_____ *Full Legal Name of Adult*

of _____
Address of Adult

_____ *Date of Birth* _____ **(Optional)** *Personal Health Number [BC Care Card]*

2. I revoke all previous Advance Directives made by me.

3. Consent to health care and refusal of consent to health care.

If I need health care and I am incapable of giving or refusing consent to health care, **I give the following instructions:**

[Note: If a health care decision is required for which a health care provider must obtain consent, and the health care decision is not specifically addressed in this advance directive, the decision will be made by a substitute decision maker.]

I consent to the following health care:

I refuse consent to the following health care:

4. I understand that as a result of making this Advance Directive:

a. *I will not be provided with the health care for which I refuse consent in this Advance Directive, and*

b. *No one will be chosen to make decisions on my behalf in respect of the health care matters for which I consent or refuse consent in this Advance Directive.*

5. Signatures of Adult and Witnesses

_____ *Adult's Signature* _____ *Date*

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The following persons may not be a witness:

- a. A person who provides personal care, health care or financial services to the adult for compensation, other than a lawyer or notary public;
- b. A spouse, child, parent, employee or agent of a person described in paragraph (a);
- c. A person who is under 19 years of age;
- d. A person who does not understand the type of communication used by the adult, unless the person receives interpretive assistance to understand that type of communication.

Note: Only one witness is required if the witness is a lawyer or notary public.

Witness No. 1

(Witness No. 1 must sign in the presence of the Adult and Witness No. 2):

Signature

Name

Address

Date

Witness No. 2

(Witness No. 2 must sign in the presence of the Adult and Witness No. 1):

Signature

Name

Address

Date

Notice to Witnesses

If you have reason to believe that the adult is incapable of making, changing or revoking an Advance Directive, or that fraud, undue pressure or some other form of abuse or neglect was used to induce an adult to make the Advance Directive, or to change or revoke a previous Advance Directive, you should not witness the Advance Directive.