

My Advance Care Plan (ACP) Summary

Full Name: _____ email: _____

This Advance Care Plan includes: (check all that apply)

- Representation Agreement
- Temporary Substitute Decision Maker list
- Written expression of wishes

Optional Forms:

- Advance Directive
- No **C**ardio **P**ulmonary **R**esuscitation Medical Order

Copies of my Advance Care Plan have been given to the following:

_____ relationship to me: _____
_____ relationship to me: _____
_____ relationship to me: _____
_____ relationship to me: _____

Healthcare provider: _____ Phone: _____

Other information:

- I am an organ donor
- I have an Enduring Power of Attorney
Name(s): _____
- Location of Enduring Power of Attorney document: _____
- I have a will. Location: _____
- I have a lawyer: _____
- I have a life insurance policy. Company: _____
- I have made funeral/burial/cremation arrangements.
Company: _____

Temporary Substitute Decision Maker List

Complete this list to accompany your Representation Agreement. This list will be helpful if your Representatives are not available when treatment is required. It is important for healthcare providers to know who qualifies to be your **Temporary Substitute Decision Maker (TSDM)**.

To qualify as a TSDM the person must be 19, capable, have no dispute with you and have been in contact with you in the year before you need the health care. If a TSDM is needed your healthcare provider will choose the first person on the list who is qualified and available.

List name and phone number of all individuals in each category.

If the person **Does Not Qualify** write the initials **DNQ** beside the name and do not include a phone number.

Spouse (includes married, common-law, same sex – length of time living together does not matter)

Children (birth order does not matter) _____

Parents (either) _____

Brothers and Sisters (any) _____

Grandparents (any) _____

Grandchildren (any) _____

Anyone else related to me by birth or adoption _____

Close friend _____

A person immediately related to me by marriage _____

My name: _____ Signature: _____ Date: _____