

# WHEN A HEALTH CARE DECISION IS NEEDED:

SUBSTITUTE  
DECISION MAKER:

TEL:

ALT TEL:

RELATIONSHIP  
TO ME:

SIGNATURE:

DATE:

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I have a Substitute Decision Maker who understands my wishes and can make health care decisions for me if I am mentally incapable of making decisions for myself.

[www.acpww.ca](http://www.acpww.ca)



Advance Care Planning  
Conversations Worth Having