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HEALTH CARE DIRECTIVE

Consistent With *The Manitoba Health Care Directives Act*

| | |
|-----------------|--------------------------------|
| Name: _____ | |
| Address: _____ | City: _____ |
| Province: _____ | Postal Code: _____ Tel.: _____ |

The following are my directives for my health care, if the circumstances arise such that I lack the capacity to make health care decisions or am unable to communicate my wishes at the time. I expect, that under all circumstances, I will receive care necessary to ensure my comfort.

1. **In the event that my heart and/or breathing cease to function (ie. cardiac and/or respiratory failure), I do not want attempted resuscitation or life support measures.**
2. Additionally, the following are specific requests (*List any specific instructions, as may have arisen through discussion with your health care providers, family, or friends. This may be left blank or such decisions deferred to proxy if needed*):

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3. (*If there has been assignment of one or more Health Care Proxies*) In the event that considerations arise that are not addressed in this directive, I hereby designate the following person(s) as my Health Care Proxy:

1. Name: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Tel. _____
2. Name: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Tel. _____

- If I have named more than one proxy, I wish them to act: consecutively **OR** jointly
(Indicate your choice. If you do not, Proxy 2 will be deemed to act only if Proxy 1 cannot or will not act.)
- I place no restriction on the ability of my Health Care Proxy to make medical decisions on my behalf when I lack the capacity to do so for myself, except as follows (list restrictions, if any):

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Signed: _____ Date: _____

A witness is not required unless you are unable to sign yourself. If you are unable to sign yourself you may direct a substitute to sign on your behalf, in your presence and in the presence of a witness. The witness shall sign the directive in your presence, as witness to the substitute signature.

The proxy or the proxy's spouse cannot be the substitute signatory or the witness.

Name of Substitute: _____
Address: _____

Signature: _____ Date: _____

Name of Witness: _____
Address: _____

Signature: _____ Date: _____