


Your Substitute Decision-Maker Wallet Card

1. Cut along dotted line
2. Fill out the necessary information
3. Carry your wallet card with you at all times

<p>Name: _____</p> <p>Date: _____</p> <p>In planning for possible incapacity to make my own health care decisions I have identified the following:</p> <p><input type="checkbox"/> I have completed a Power of Attorney for Personal Care and have appointed this person to be my SDM:</p> <p>_____</p> <p>Name and contact telephone number</p>	<p style="text-align: center;">Complete Reverse Side.</p> <p style="text-align: center;">Power of Attorney for Personal Care.</p> <p style="text-align: center;">This wallet card is NOT a</p> <p style="text-align: center;">Keep this card in your wallet.</p> <p style="text-align: center;">Substitute Decision-Maker (SDM)</p> <p style="text-align: center;">Contact Information</p>
<p><input type="checkbox"/> I do not have a Power of Attorney for Personal Care and understand that the health care provider would be obliged to contact my representative or highest-ranking available family member who is:</p> <p>_____</p> <p>Name and contact telephone number</p> <p><input type="checkbox"/> I do not have a Power of Attorney for Personal Care and have no family available to act as my SDM. A contact who is aware of my wishes would be:</p> <p>_____</p> <p>Name and contact telephone number</p>	<p>2. Fold here</p> <p>Health Practitioners should consider this only as a guide when determining SDMs under Ontario's rules for consent to treatment.</p> <p>1. Fold here</p> <p>"A Guide to Advance Care Planning" is available at www.ontario.ca/seniors or by calling 1-888-910-1999.</p> <p style="text-align: center;"> Ontario</p>