

## POWER OF ATTORNEY FOR PERSONAL CARE [“POAPC”] QUESTIONNAIRE

### 1. YOUR BASIC INFORMATION

Full legal name:

Any pre-marriage family name(s)	Any other names by which you are known <sup>1</sup>
<input type="text"/>	<input type="text"/>

Address and telephone number(s):

E-mail: [*Please provide a private and confidential email that can be used for legal communications.*]

Date of birth:

City, Province and Country of birth

### 2. RELATIONSHIPS; MARITAL STATUS

Single, and never common-law or married	<input type="checkbox"/>	Married	<input type="checkbox"/>
Single, with previous common law relationship	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Common-Law or Cohabiting	<input type="checkbox"/>	Widow / Widower (Spouse Deceased)	<input type="checkbox"/>

<sup>1</sup> For example: A person named “Maurice Harold Smith” who is known by everybody in his family as “Bill”.

### **3. INFORMATION ON POWERS OF ATTORNEY FOR PERSONAL CARE [“POAPCs”]**

A “**Power of Attorney for Personal Care**” is a power of attorney that provides the person you designate (called the “attorney”) with the authority to attend to personal matters such as housing, health care, medical treatment and even issues of life and death in the event that you are not capable of attending to those matters personally.

Powers of Attorney for Personal Care generally come into effect and are used when the person making the POAPC becomes incapacitated.

**INCAPACITY** - Under the [Substitute Decisions Act, 1992](#), incapacity refers to **mental incapacity**.

It means that the person is unable to understand information that is relevant to making a decision or is unable to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

A “Power of Attorney for Personal Care is not the same thing as a [Living Will](#), but it can incorporate a Living Will. (Camberwell House has a specific Living Will Questionnaire, and that same questionnaire is also incorporated into this POAPC Questionnaire, below.)

A “**living will**” is commonly used to describe a document recording instructions regarding treatment. (For example, it is common for people to write a “living will” stating that they do not want to be kept alive on artificial life support if there is no chance of medical recovery. People also often have religious parameters as to what treatments are or are not permitted under their faith.) A living will and a Power of Attorney for Personal Care are NOT the same thing:

- *A Power of Attorney for Personal Care is a document that grants legal decision-making authority regarding your treatment and care.*
- *A living will is a statement of your wishes regarding your treatment and care.*

The easiest way to understand the difference: A living will provides instructions, but is not binding; living will terms *within* a Power of Attorney for Personal care *are* binding.

**4. A Warning About POAPCs**

A POAPC is a deeply personal item. What choices we make (or expect our attorney to make) regarding such important matters as sickness, treatment and death are incredibly personal, subjective and dependent on both context and our own family and personal experiences. It is therefore impossible for a simple questionnaire to address these with anything close to completeness: it cannot substitute for deep thought on your part and discussions with your loved ones and your named attorneys. We recommend that you look into these matters, and have these discussions, before you instruct your lawyer on the drafting of the POAPC.

*Note: In deciding the matters above it may be helpful for you to review the Living Wills Questionnaire (below) to have an idea as to some of those powers, limits, [etc.].*

**5. TYPE(S) OF POWER OF ATTORNEY FOR PERSONAL CARE [“POAPCs”]**

**What type of POAPC do you want?**

POAPC which grants general and complete power authority, including over housing, health care, medical treatment <i>and even issues of life and death.</i>	
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POAPC which grants general and <i>almost</i> complete power, with specified limits. If so, please list those specific limits below.	
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POAPC which grants only specific powers.  
If so, please list those specific powers below.

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**6. YOUR ATTORNEY(S) FOR PERSONAL CARE**

- *Think carefully about this.* You will need to pick someone who is (a) reliable and (b) who has the capacity to actually handle the considerable emotional and psychological burdens, and (c) that someone has to be willing to undertake the duty (which can often be deeply draining, painful and time-consuming), and (d) someone who is likely to be alive and able to do their duties when you become incapacitated. (There is no point, for example, in naming a person with serious or accelerating health problems as an attorney.)
- Very importantly: *Get their permission first.*
- One should usually choose an attorney who is a resident in Ontario, and comparatively near to where they are to carry out their duties. There may be problems in having (for example) a Thunder Bay attorney for an Ottawa person. It is also wise to choose a Canadian citizen and Canadian resident. People who are non-citizens or non-residents may run into certain legal barriers as to things that they can and cannot do.

**Primary Attorney(s)**

Please list for me who you want to be the attorney(s) for personal care, along with their full legal names and addresses, and their relationship to you.

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**7. YOUR ALTERNATE ATTORNEY(S) FOR PERSONAL CARE**

**Alternate Attorney(s)**

Please list for me who you want to be the alternate attorney(s) for personal care (to cover the possibility that your primary attorney is deceased, or unwilling or otherwise unable to act), along with their full legal names and addresses, and their relationship to you.

**8. MULTIPLE ATTORNEY(S) FOR PERSONAL CARE**

If you are choosing multiple attorneys, please tell me (1) why; (2) whether one particular person is in charge; (3) how you think disputes should be resolved.

**9. PREVIOUS POWERS OF ATTORNEY FOR PERSONAL CARE**

Do you currently have a POAPC? If so, when was it made?

Do you have a previous POAPC? If so, when was it made? When was it revoked and why?

Please provide all details below.

**REMEMBER!**

*If you have current or past POAPCs, please be sure to provide me with all of the originals. Mark your own home copies SUPERSEDED.*

*If you don't have an original, please provide a copy and tell me what happened to the original.*

**10. ANY OTHER INFORMATION OR DETAILS**

Is there any other matter which you believe will impact on or be relevant to your POAPC?

If there is *anything at all*, or anything unusual or out of the ordinary, please let me know here. Is there

any other question that you have about POAPCS in general or your situation in particular?

If there is *anything at all*, please ask me here.

If there is any other information not covered above that you think I need, please put it here.

**11. LIVING WILLS QUESTIONNAIRE**

**General treatment instructions:**

I wish to receive all possible treatment	<input type="checkbox"/>
I want to let my attorney for personal care decide what treatment I receive.	<input type="checkbox"/>
I wish to receive <i>almost</i> all possible treatment; instructions are in the box below, and/or detailed further on in this Questionnaire.	<input type="checkbox"/>

**Attorney's Toolbox**

<b><i>My attorney has authority over:</i></b>	<b>Yes</b>	<b>No</b>
Health care decisions		
Accommodation		
Companions		
Educational, social, recreational activities		
Legal matters relating to my person		
Report to specific people		
Keep record of decisions		

**Brain Dead / No chance of recovery**

I specifically request that NO life-saving or life-sustaining measures be administered on my behalf IF I am brain dead or have no significant and/or genuine chance of recovery.	
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**Chance of recovery**

If I am **NOT** brain dead or if I **DO** have no significant and/or genuine chance of recovery, I nonetheless refuse and prohibit the use of the following medical procedures

<b><i>Specific Treatments:</i></b>	Mark if you do NOT want these	↓
Cardiac resuscitation		
Mechanical resuscitation		
Nutrition or hydration by tubes		
Blood or blood products		
Surgery or invasive tests		
Antibiotics		
Cardiopulmonary Resuscitation (CPR)		



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<b>Specific Treatments:</b>	Mark if you do NOT want these	↓
Ventilation (breathing machine)		
Dialysis (kidney machine)		
Life-saving surgery		
Blood transfusion		
Life-saving antibiotics		
Tube feedings		
"Extraordinary measures" as they are generally medically defined		
Other machines (list below)		
Other (list below)		

**Supplemental information**

If you have any further information or questions about anything above, please tell us here.