

LIVING WILL QUESTIONNAIRE

1. YOUR BASIC INFORMATION

Full legal name:

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. “Living Wills”

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.

A caution about living wills

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.

Below are some (and just some) of the things you will wish to consider.

3. LIVING WILLS QUESTIONNAIRE

General treatment instructions:

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

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

<i>Specific Treatments:</i>	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)		
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.

These wishes are not binding. If you want them to be binding they need to be incorporated into a Power of Attorney for Property