My Temporary Substitute Decision Maker (TSDM) List

If needed, this list will be used by your health care provider(s) to choose a TSDM for you. The order of the people on the list is set out in B.C. law and may not be changed.

To qualify as a TSDM, the person listed must be 19, capable, have no dispute with you, and have been in contact with you in the year before you need the health care. If a TSDM is needed to make a health care decision for you, your health care provider will choose the first person on the list who is qualified and available. If you want to specify one person to make health decisions for you, you must fully complete either a standard (p.34) or enhanced (p.44) representation agreement.

Spouse (includes	married, common-law, same	e-sex - length of time livin	g together does not matter)
Name		Phone	
Children (any - bi	rth order does not matter)		
Name	Phone	Name	Phone
Parents (either - r	may include adoptive)		
Name	Phone	Name	Phone
Brothers or Sister	s (any - birth order does not	matter)	
Name	Phone	Name	Phone
Grandparents (an	ny)		
Name	Phone	Name	Phone

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Grandchildren (any - birth ord	er does not matter)		
Name	Phone	Name	Phone
Anyone else related to me by k	oirth or adoption		·
Name	Phone	Name	Phone
Close friend			
Name	Phone	Name	Phone
A person immediately related	to me by marriage (ranked equally)	
Name	Phone	Name	Phone
I know a TSDM will not be cho	sen to make health	care decisions for me if I	l complete an optional
representation agreement forr			·
condition I have when the care			
decisions for me if I have no re		•	, ,
representation agreement and	d/or advance directi	ve does not address the	nealth care condition I have
when the care is needed.		П.	
		☐ I agree.	
Name (print)	Signature	□ I agree.	Date signed

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