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 - bir	rth order does not matter)			
Name	Phone	Name	Phone	
Parents (either - n	nay include adoptive)			
Name	Phone	Name	Phone	
Brothers or Sisters	s (any - birth order does not	matter)		
Name	Phone	Name	Phone	
Grandparents (an	y)		,	
Name	Phone	Name	Phone	

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Grandchildren (an	y - birth order does	not matter)			
Name	Phone	Name	3		Phone
Anyone else relate	ed to me by birth or	adoption			
Name	Phone	Name	9		Phone
Close friend					
Name	Phone	Name	9		Phone
A person immedia	tely related to me l	oy marriage (ranked e	qually)		
Name	Phone Name		me Phone		
	I				
I know a TSDM wil	I not be chosen to	make health care dec	sions for me if	l complete	e an optional
		or an advance directiv		·	·
		ded. I also know a TSI			
		tative, if my represent			
	•	vance directive does r			,
when the care is n		rance ancetive aces i	or address trie	riculti ca	Te condition mave
WHEN THE Care is in	ecaca.	Пт	agree.		
			-9		
Name (print)		Signature		Date signed	

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