

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

Name: _____

Date: _____

In planning for possible incapacity to make my own health care decisions I have identified the following:

- I have completed a Power of Attorney for Personal Care and have appointed this person to be my SDM:

Name and contact telephone number

- 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:

Name and contact telephone number

- 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:

Name and contact telephone number

**Complete Reverse Side.
Power of Attorney for Personal Care.
This wallet card is NOT a**

Keep this card in your wallet.

**Substitute Decision-Maker (SDM)
Contact Information**

Health Practitioners should consider this only as a guide when determining SDMs under Ontario's rules for consent to treatment.

"A Guide to Advance Care Planning" is available at www.ontario.ca/seniors or by calling **1-888-910-1999**.

