

ADVANCE CARE PLANNING – THE IMPORTANCE OF A PROXY

In Saskatchewan The Health Care Directives and Substitute Health Care Decision Makers Act allows you to legally appoint a person of your choice to be your health care decision maker when you no longer are able to speak for yourself. This person is called a PROXY.

The person you choose as your proxy must be 18 years of age or older. Designating a PROXY must be in writing, signed and dated by you. Your PROXY must be someone you trust to,

- be able to respect your opinions and values
- be willing and able to explain your wishes for your medical care

Your health care team members are by law required to approach your nearest relatives in a specified order if you have not named a PROXY. Sometimes, this individual may not be who you would want. Naming a PROXY allows you to choose who makes decisions for you.

NAME (LAST)	(FIRST)	FACILITY INITIAL
PRIMARY ADDRESS		UID & MRN
CITY	PROVINCE	POSTAL CODE
ATTENDING PHYSICIAN	BIRTHDATE (MM/DD/YY)	AGE <input type="checkbox"/> M <input type="checkbox"/> F SEX
ADMISSION DATE	PRIMARY PHONE #	
HOSPITAL SERVICE NUMBER (HSN)	FAMILY PHYSICIAN	
NEXT OF KIN	RELATIONSHIP	PHONE #
VISIT NUMBER (ACCOUNT #)	CLINICAL ALERTS	

WHO I WANT TO SPEAK FOR ME WHEN I CAN'T

I _____ having attained the age of 16, have discussed my wishes for future health care with the person(s) named below and select this person(s) to be my PROXY and speak for me if I am unable to communicate for myself or am unable to understand what the care providers are saying to me.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

YOU MAY ALSO ADD THE NAME OF ANOTHER TRUSTED RELATIVE OR FRIEND AS AN ALTERNATE IF YOUR CHOSEN PROXY IS UNABLE TO SPEAK ON YOUR BEHALF AT ANY TIME (OPTIONAL).

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

PRINT YOUR NAME HERE

YOUR SIGNATURE HERE

DATE

HOSPITAL SERVICES NUMBER (Provincial Hospitalization #)

For more information, please call 1-(306)-766-5922 or email: advancecare@rqhealth.ca.

Completing the Proxy Form:

1. You are the only one that can appoint a proxy (ies) in writing.
2. A proxy should be a person you trust such as a family member or friend.
3. You can choose one, two or more people to be your proxy (ies). Remember if you have too many proxies, it may create difficulties for decision making on your behalf. You can name your proxy (ies) in order as written or appoint them to act jointly. If you appoint them jointly, write this on the form.
4. Write the name of your proxy (ies) in the order that you want the Health Care Team to contact them. If the first person on your list is unavailable the Health Care Team would then attempt to contact the second person.
5. You must sign the Proxy form at the bottom, including the date and your health services number.
6. Witnesses to your signature are optional but if you chose to have one they cannot be the person(s) that you have named as proxy (ies) or their spouse(s).
7. If you have capacity to make decisions, but you are unable to sign your name, you can sign with an X. You require a witness to your signing with an X.