

PERSONAL DIRECTIVE INSTRUCTIONS

PERSONAL DETAILS

FULL NAME(S): _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

DO YOU HAVE AN EXISTING DIRECTIVE?: YES: _____ NO: _____
(If yes, provide copy)

AGENTS

NAME OF PRIMARY AGENT: _____

NAME(S) OF ALTERNATE
AGENT(S): _____

ADDRESS(ES): _____

TREATMENT GUIDELINES

1. I do not want my life to be prolonged by artificial means when in a persistent coma or vegetative state.
- Do you want this guideline included in your Directive? YES: _____ NO: _____

2. I would like to be able to receive pain medication.
- Do you want this guideline included in your Directive? YES: _____ NO: _____

3. Other treatment guideline you would like included:

Please complete and return to:

JOHN K.J. CAMPBELL

Barrister & Solicitor

208, 4245 - 97 Street

Edmonton, Alberta T6E 5Y7

Telephone: (780) 434-8777

Fax: (780) 436-6357

E-mail: johncam@telusplanet.net