



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.citizenship.gov.on.ca/seniors or by calling 1-888-910-1999.

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Substitute Decision-Maker (SDM) Contact Information

Keep this card in your wallet.

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

Complete Reverse Side.



根據安省有關同意治療規例去決定誰是代決定人時，醫護人員只應將此卡片之資料視為指引。

「預定護理計劃」指南可在下列網頁瀏覽：
www.citizenship.gov.on.ca/seniors
亦可致電 1-888-910-1999 查詢。

----- 請沿此虛線摺疊 -----

代決定人 (SDM) 聯絡資料

請將此卡片存放在你的錢包內

此卡片並不是一份「個人護理授權書」

請填妥背頁資料

Name: _____

Date: _____

If I become mentally incapable to make my own health care decisions, I want my family and health care providers to know that:

- I have signed a Power of Attorney for Personal Care which names the following person as my substitute decision-maker:

Name and contact telephone number

- I have NOT signed a Power of Attorney for Personal Care. My health care providers should contact the following person who knows me and can help them determine who is my substitute decision-maker for health care. (see *Guide to Advance Care Planning - What Happens if a Power of Attorney is Not Completed*):

Name and contact telephone number

姓名：

日期：_____

假如我的心智能力出現問題，以致不能作出個人護理的決定時，我希望家人和護理人員知道下列安排：

- 我已簽署「個人護理授權書」，並委任下列人士為我的護理代決定人：

姓名及聯絡電話

- 我沒有簽署「個人護理授權書」，護理人員應該聯絡下列人士。此人熟悉本人，並能協助決定誰是我的護理代決定人。(請參閱「預定護理計劃」指南第 29 - 31 頁，「如果你沒有委任代決定人」一節。) 此人是：

姓名及聯絡電話