Nomination of Health Care Proxy

Please Note:
This Nomination of Proxy can only be made by a person with capacity and is only in effect when that person lacks capacity. A person with capacity may change this nomination at any time.

Name ______________________________________ Date _____________________

To my family, my friends, my physicians, and all others to whom it may concern:

It is my intention that this nomination be respected by my physician, my family, and friends, if I am no longer capable of consenting to health care on my own behalf.

I am aware that this nomination shall apply when I am no longer able to speak for myself.

I understand that the health care team will meet with my appointed proxy/ies to discuss my prognosis, available interventions and their value in my circumstances.

And/Or

I understand that if I have named more than one proxy, the first available proxy will be consulted if I have indicated "or".

If I have indicated "and", this means that any decisions should be made jointly by my proxies. In the event one of my proxies is not available for consultation when needed, the available proxy (ies) only may be consulted.

Proxies

The proxy or proxies listed below are authorized to consent to my health care when I am no longer able to understand health care information and communicate my own decisions. I understand that the proxy has an obligation to act according to my known wishes.

1. ____Phone__________________________

   Address____

   AND/OR (please indicate) ____________________

2. ____ Phone __________________________

   Address____

   AND/OR (please indicate) ____________________

3. ____Phone __________________________

   Address____

Signed and declared:

I, ____

This day of ________________________________ A.D. 20__________________________

A witness is only necessary if the person making the nomination cannot physically sign for themselves and the nomination has been signed by another person at the direction of the person making the nomination.

Witness Name ____

Witness Signature____

Address____

Please Note: It is a good idea to make copies available to your proxy(ies).