

*\*\* This material was extracted from the “My Voice – Expressing My Wishes for Future Health Care Treatment Advance Care Planning Guide” produced by the British Columbia Ministry of Health.*

My full name is \_\_\_\_\_

In case of emergency, call:

\_\_\_\_\_ (name) \_\_\_\_\_ (phone)

My health care provider is \_\_\_\_\_

I have an advance care plan

with a representation agreement [ sec 7  sec 9]

with an advance directive

I am an organ donor

My important papers are located \_\_\_\_\_