

**Part 1**

**(To be used after a personal directive is in effect when a service provider who provides or intends to provide health care services to the maker notices a significant change in the maker's capacity.)**

“capacity” means the ability to understand the information that is relevant to the making of a personal decision and the ability to appreciate the reasonably foreseeable consequences of the decision (s1(b) of the *Personal Directives Act*).

“significant change” means an observable and sustained improvement that does not appear to be temporary (s1(o) of the *Personal Directives Act*).

The maker, \_\_\_\_\_, has a personal directive that is in effect with respect to the following personal matters:

(name of maker)

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: \_\_\_\_\_

I, \_\_\_\_\_, am a service provider who provides, or intends to provide, health care services to the maker.

(name of service provider)

I spoke with the maker, \_\_\_\_\_, about whether he/she has regained capacity to make personal decisions. **(Required)**

(name of maker)

I spoke with \_\_\_\_\_, a service provider who has recently provided a health care service to the maker, about whether the maker has regained capacity to make personal decisions. **(Required)**

(name of service provider)

I spoke with \_\_\_\_\_, agent(s) named in the personal directive about whether the maker has regained capacity to make personal decisions. **(Optional)**

(name of agent(s))

I have reviewed health or other records about the maker that are relevant to my assessment of the makers' capacity, and have discussed the records with \_\_\_\_\_, the maker's physician or other health care practitioner. **(Optional)**

(name of physician or health care practitioner)

I have considered recent statements or recommendations made by \_\_\_\_\_ health care practitioners who were consulted about the maker's capacity. **(Optional)**

(names of health care practitioners)

In assessing whether the maker has regained capacity:

1.  I am satisfied that \_\_\_\_\_, an agent of the maker,  
(name of agent)

**OR**

\_\_\_\_\_, a service provider who provides health care  
(name of service provider)  
services to the maker, has directly observed a significant change in the maker's capacity.

**(One of the above is required)**

2.  I have considered statements of other evidence provided by \_\_\_\_\_ a service  
(name)  
provider, agent or other person, that corroborate that there has been a change in the maker's capacity to  
make personal decisions. **(Required)**

Details respecting the statements or other evidence I considered are as follows:

\_\_\_\_\_  
\_\_\_\_\_

3.  I considered the following period of time over which the change in the maker's capacity was observed by  
the service provider, agents or other person: \_\_\_\_\_ to \_\_\_\_\_.  
**(Required)**

I have determined that the maker has regained the capacity to make decisions about the following personal matter(s)  
(check any or all that apply):

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: \_\_\_\_\_

In addition to my opinions expressed above, I wish to add the following comments in support of my determination  
*(Optional)*:

\_\_\_\_\_

Dated at \_\_\_\_\_ in the Province of Alberta this \_\_\_\_\_ day of  
(location) (day)  
\_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Printed name of service provider

\_\_\_\_\_  
Signature of service provider

## Part 2

**(To be used if an agent is designated in the personal directive with authority to make personal decisions in the personal matter noted in Part 1 above.)**

I, \_\_\_\_\_, am designated in the maker's personal directive as an agent with authority to make personal decisions for the following personal matters:

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: \_\_\_\_\_

I have consulted with, \_\_\_\_\_, a service provider who provides or intends to provide health care services to the maker, about whether the maker has regained capacity to make personal decisions. **(Required)**

I spoke with the maker, \_\_\_\_\_, about whether he/she has regained capacity to make personal decisions. **(Required)**

I spoke with \_\_\_\_\_, a service provider who has recently provided a health care service to the maker, about whether the maker has regained capacity to make personal decisions. **(Required)**

I spoke with \_\_\_\_\_, other agents named in the personal directive about whether the maker has regained capacity to make personal decisions. **(Optional)**

I have reviewed health or other records about the maker that are relevant to my assessment of the makers' capacity, and have discussed the records with \_\_\_\_\_, the maker's physician or other health care practitioner. **(Optional)**

I have considered recent statements or recommendations made by \_\_\_\_\_ health care practitioners who were consulted about the maker's capacity. **(Optional)**

In assessing whether the maker has regained capacity:

1.  I am satisfied that \_\_\_\_\_, an agent of the maker,  
(name of agent)

**OR**

\_\_\_\_\_, a service provider who provides health care  
(name of service provider)  
services to the maker, has directly observed a significant change in the maker's capacity.

**(One of the above is required)**

2.  I have considered statements of other evidence provided by \_\_\_\_\_ a service  
(name)  
provider, agent or other person, that corroborate that there has been a change in the maker's capacity to  
make personal decisions. **(Required)**

Details respecting the statements or other evidence I considered are as follows:

\_\_\_\_\_  
\_\_\_\_\_

3.  I considered the following period of time over which the change in the maker's capacity was observed by  
the service provider, agents or other person: \_\_\_\_\_ to \_\_\_\_\_.

**(Required)**

I have determined that the maker has regained the capacity to make decisions about the following personal matter(s)  
(check any or all that apply):

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: \_\_\_\_\_

In addition to my opinions expressed above, I wish to add the following comments in support of my determination  
*(Optional)*:

\_\_\_\_\_

Dated at \_\_\_\_\_ in the Province of Alberta this \_\_\_\_\_ day of  
(location) (day)

\_\_\_\_\_  
(month) (year)

Printed name of agent

Signature of agent