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:

- [ ] 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.

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 _______________________________________, agent(s) 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 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 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,  
   OR
   ☐ ____________________________, a service provider who provides health care  
   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  
   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