

**I have discussed or will discuss my wishes for future health care  
with my substitute decision maker(s) named below:**

1. **My substitute decision maker is:**

First and last name: \_\_\_\_\_

Relationship of this substitute decision maker to me: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alt phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

This person was appointed through a Power of Attorney for Personal Care: Y/N

Location of the Power of Attorney for Personal Care (original document):

\_\_\_\_\_

\_\_\_\_\_

*If more than one person is equally ranked in the hierarchy, please indicate below:*

2. **My substitute decision maker is:**

First and last name: \_\_\_\_\_

Relationship of this substitute decision maker to me: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alt phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

This person was appointed through a Power of Attorney for Personal Care: Y/N

Location of the Power of Attorney for Personal Care (original document):

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Though you have listed the names of people to be your substitute decision maker(s) here, it does not mean that they have the right to act as your substitute decision maker(s), unless:

- a) They are the highest-ranking people in your life on the hierarchy list of substitute decision makers AND meet the requirement of being a substitute decision maker,  
**OR**
- b) You name them in a Power of Attorney for Personal Care AND they meet the requirements of being a substitute decision maker.

## Your Substitute Decision Maker Wallet Card

*You can carry a wallet card that identifies your substitute decision maker(s) and their contact information:*

<b>WHEN A HEALTH CARE DECISION IS NEEDED:</b>
My substitute decision maker:
Relationship to me:
This SDM is my POA:
Telephone #:
Alt Telephone#:
My name:
Date: