OPEN DOOR LAW CORPORATION
THE PEOPLE'S LAW FIRM

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Representation Agreement (RA9) Intake Form

Thank you for selecting Open Door Law to potentially assist you with a Representation Agreement. Representation Agreements are highly effective documents that are used by one party to assist another with health and related matters. Please complete our Representation Agreement Intake Form as completely as possible as the information provided will be used to check for conflicts and comply with the Law Society of British Columbia's identification requirements. By completing this form in advance, we can spend more time focusing on the agreement and its related issues. Submission of this form will help us assess your matter and whether we can help you. it should not be inferred that a lawyer client relationship is formed until we confirm this with you.

Please note that this form assumes that British Columbia law applies to you. We reserve the right to request additional information from you either before or during our meeting.

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*PLEASE PRINT CLEARLY. Fields marked with * are required*

A. Personal Information of the Donor

Your Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Name variation(s) or other names used:		
Street Address: *		
City: *	Province: *	Postal Code:
Phone: *	Email: *	

Relationship status: ☐ Single ☐ Married ☐ Common Law

Does your partner also require a representative? ☐ Yes ☐ No

Your Partner's Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Name variation(s) or other names used:		
Street Address: *		
City: *	Province: *	Postal Code:

Phone: *	Email: *

B. Information about Your Representative

Your Representative's Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Street Address: *		
City: *	Province: *	Postal Code:
Phone: *	Email: *	
Date of Birth:	Occupation: *	
Relationship to You: * (e.g. spouse, son, daughter, friend)		

Do you have an alternate person you wish to appoint as your alternate representative? ☐ Yes ☐ No

If yes, what is the working relationship between your primary and alternate representatives?
☐ Each of them can act separately ☐ They must act together

Your Alternate Representative's Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Street Address: *		
City: *	Province: *	Postal Code:
Phone: *	Email: *	
Date of Birth:	Occupation: *	
Relationship to You: * (e.g. spouse, son, daughter, friend)		

Do you have a valid power of attorney? ☐ Yes ☐ No

If no, do you require a power of attorney? ☐ Yes ☐ No

If yes, please fill out our Power of Attorney Intake Form (https://opendoorlaw.com/power-attorney-form)

Do you wish to appoint a monitor? ☐ Yes ☐ No

If yes, please consult our lawyer to discuss further.

C. Health or Personal Care Decisions

1. Do you want your representative to make decisions concerning:
   i. Major health care ☐ Yes ☐ No
   ii. Minor health care ☐ Yes ☐ No

Major health care includes:

- major surgery
- any treatment involving a general anesthetic
- major diagnostic or investigative procedures
- radiation therapy
- intravenous chemotherapy
- electroconvulsive therapy
- kidney dialysis
- laser surgery
- any other health care designated by Regulation to or defined by the Health Care (Consent) and Care Facility (Admission) Act, as major health care

Minor health care means any health care that is not major health care.

2. Deciding where and with whom you reside? ☐ Yes ☐ No

3. Deciding whether to physically restrain, move, or manage you, or to have you physically restrained, moved, or managed, despite your objections? ☐ Yes ☐ No

4. Giving consent to minor health care or major health care even though you may have refused to give consent previous times the health care was to be provided? ☐ Yes ☐ No

5. Accepting a facility care proposal under the *Health Care (Consent) and Care Facility (Admission) Act* for you to be admitted to any kind of care facility? ☐ Yes ☐ No

6. Making arrangements for the temporary care, education, and support of
   i. your minor children ☐ Yes ☐ No
   ii. any other persons you care or support ☐ Yes ☐ No

7. Making decisions to refuse or continue life-supporting care or treatment for you? ☐ Yes ☐ No

8. Do you want your representative to be able to give or refuse consent on your behalf for:

	Consent	Refuse	Both
i. Electroconvulsive therapy (unless recommended in writing by the treating physician and at least one other medical practitioner who has examined you)	☐	☐	☐
ii. Psychosurgery	☐	☐	☐
iii. Removal of tissue from your body for implantation in another human body or for medical education or research	☐	☐	☐
iv. Experimental health care involving a foreseeable risk to you that is not outweighed by the expected therapeutic benefit	☐	☐	☐
v. Participation in a health care or medical research program that has not been approved by a committee referred to in section 2 of the Health Care Consent Regulation	☐	☐	☐
vi. Any treatment, procedure, or therapy that involves using aversive stimuli to induce a change in behaviour	☐	☐	☐

When the time comes, do you wish to be allowed to "die with dignity" – i.e. not kept alive by artificial means or heroic measures/only to provide comfort measures? ☐ Yes ☐ No

If yes, and when the time comes, do you wish medication administered for pain, even if those drugs might cause you to die sooner? ☐ Yes ☐ No

Do you have any other specific directions concerning your health or personal care (e.g., no blood transfusions, die at home)? ☐ Yes *(Please specify below)* ☐ No

Special directions: *(If you need more room, include details on the back of this page)*

When do you want the Representation come into effect?

☐ Immediately
☐ Only when I am no longer capable of giving informed consent

D. Effective Date & Termination Date

When will the Representation Agreement be effective?

☐ On the date it is executed
☐ On the date I decide to trigger it into effect
☐ On mental infirmity as confirmed in writing by two (2) licensed doctors

When will the Representation Agreement be terminated?

☐ On death, revocation, or Court Order
☐ On date or event specified:

In the event that Medical Assistance in Dying (MAID) provisions permit a representative to give effect to your wishes, do you wish to give your representative the authority? *(Note: not currently the law in BC)*

☐ Yes ☐ No

E. Additional Information

Have you given a representation agreement to anyone else that remains valid? ☐ Yes ☐ No

If yes, are we revoking the existing representation agreement? ☐ Yes ☐ No

Do you wish your representation agreement to continue if you lose capacity? ☐ Yes ☐ No

Do you wish your representative to have the ability to appoint a replacement representative? ☐ Yes ☐ No

Indicate how you would like your representative to be compensated for his/her time and effort on your behalf:

☐ No fees should be paid (only reimburse out-of-pocket expenses)
☐ Other

If other, please specify:

Additional Comments (if any):

Required Consent and Agreement *
☐ I consent to Open Door Law Corporation's Privacy Policy and Terms of Use Disclaimer (www.opendoorlaw.com/privacy-disclaimer).