

## My treatment

### I have the following conditions or illness..

What information would you like others to know about your health? Such as treatments that you are receiving, medications you are taking or if you have any allergies.

### Things that are important to my health are...

For example, what are the signs that you are feeling unwell? How do you best communicate to others how you are feeling? Do you have any worries such as being in pain or being sedated?

### Things that I would prefer not to happen to me are...

For example, would you prefer not to be taken to hospital? Would receiving care by a member of the opposite sex be unacceptable to you? Are there treatments that you would prefer not to have? Would you want treatment if it meant that you were unable to recognise family and loved ones?

### My priorities at the end of my life are...

# Advance Care Plan

An Advance Care Plan is a record of your wishes, feelings, beliefs and values which can be used if you later become unwell and need care or medical treatment.

## Key information

### My Details...

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Interpreter needed: Yes / No

Information to help support communication: \_\_\_\_\_

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

\_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

GP name: \_\_\_\_\_ GP phone number: \_\_\_\_\_

GP address: \_\_\_\_\_

### The people that are important to me...

I have discussed this advance statement with the following people and would like them to be involved in decisions about my care

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Other key documents...

I also have the following documents (tick all that apply)

Advance decision to refuse treatment (for a copy please contact): \_\_\_\_\_

Lasting power of attorney for health and welfare  
(My attorneys are): \_\_\_\_\_

ReSPECT form  Tissue / organ donation

### Declaration...

I give my permission for information contained within this advance care plan to be shared with the professionals involved in my care

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Things that are important to me

### The things that are important in my life are...

For example, what do you enjoy doing – spending time with family and friends, or certain activities like listening to music, reading or watching the television? Where do you like doing these things, how often and who with?

### The things that are important to my identity are...

For example, what parts of your life are important to your identity? What name do you prefer to be called? What clothes do you prefer to wear? How do you style your hair? How important is independence, privacy or dignity?

### My religious or spiritual beliefs are...

For example, do you follow / celebrate a particular religion or faith? What does this mean to you? Are there prayers, ceremonies or rituals that you take part in? Does your religion or faith affect the way you would like to be cared for? How do you find peace / keep calm?

### The things i dont like are...

For example, do you not like certain foods, activities or music? Are you scared of anything, such as needles, certain animals, or being alone for too long?

## My care

### Important things to know when caring for me...

For example, what are your preferences for care? Do you have a daily routine that you like to stick to such as the time you get up and go to bed, or if you prefer to shower or bath? What can you do independently and what do you need help with?

### My food needs and preferences are...

For example, what should people know about your eating habits? Do you have a specific diet? Are you restricted from eating any foods because of an allergy, faith or religion?

### The place where I would like to be cared for is...

For example, would you prefer to be cared for in your usual place of residence, or would you prefer a nursing or care home, hospice, or a particular hospital. Who would you like to be with you?

### If this is not possible...

For example, if your above wishes are not possible is there anything else that you would like people to know about your care wishes?