

My Advanced Care Plan Easy Read





You can ask someone you trust to help you read and understand this information



This plan can help you to talk and make decisions about what is important to you, for when you die.
This is called Advanced Care Planning.



Advanced care planning is about making sure your wishes and feelings are listened too. Even if you are not able to say them anymore.



It is good to talk about your advance care plan when you are well. You can ask someone you trust to help you.



There is an easy read leaflet about advanced care planning.



If you feel that you would like more information about this, you can talk to your GP or learning disability nurse, who can help.



They can help explain the advanced care plan to you and help you complete it.



They can answer any questions you might have.



They can help make sure all your health and social care professionals know about your choices.

Key Information

R.J. SMITH	My name I prefer to be called	
You name to the state of the st	My address	
# 123 4567 1 2 3 4 5 6 7 8 9 \$ 0 #	My telephone number	
e-mail	My email	
GP Surgery	My GP surgery	
Name	My GP's name	
GP Surgery # 123 4567	My GP's telephone number	
My Advanced Care Plan Easy Read January In the Company of the Co	Date of this care	

This is who is important to me

R.J. SMITH	Their name	
2 2 2	How I know them	
Town Part of P	Their address	
1234567 123 456 739	Their telephone number	
R.J. SMITH	Their name	
2 2 1	How I know them	
You manua. Tool Tools Tools Tools Tools PC10 AVY	Their address	
1234567 123 456 789	Their telephone number	

I have a Lasting Power of Attorney or Deputy for:

My Finances

My Health and Care

This is how you can best communicate with me

How do you need to have written information?
Big writing?
Symbols?
Photographs?

These are the things I like

Do you like music? What is your favourite music? What do you like to watch on television? Who do you like spending time with? How do you like to have your hair? What clothes do you like to wear?	

These are things I don't like

Are there things that you do not like?
Are you scared of anything?
Is there anything you are worried about?

This is my routine

Are there things that you do every day?
What time do you get up?
What time do you go to bed?
Do you like a bath or a shower?

This is what I like to eat

What do you like to eat?
What do you not like to eat?
What time do you like to eat?

This is where I would like to be if I am not well

Do you want to go to hospital? Would you prefer to stay at home?

My medical history

What conditions do you have?	
What treatments or medical care are you having?	

My decisions about my treatment

What would you want if you become sick?	
What wouldn't you want if you become sick?	

After I die

What would you like to happen after you die?
Would you like to be buried?
Would you like to be cremated?
What would you like to happen to your possessions?
How would you like people to remember you?