My Advance Care Plan

My Care
My Way

What’s important to me about my care
Your Named Spokesperson – Who would you like professionals to speak to about your care if you couldn’t speak for yourself (if no LPA has been appointed)?

Name:
Relationship to you:
Address:

Have you appointed a Lasting Power of Attorney (LPA) to make decisions for you if you become unable to do so?

Lasting Power of Attorney for:  ○ Health and Welfare  ○ Finance and Property

Name:
Relationship to you:
Address:

If you do not wish any information about your care to be shared with certain person/s, please note here.

Please do NOT share any information about my care with:

Name:
Relationship to you:
How would you describe your health today?

Thinking about your care and wellbeing, what is most important to you?

What brings you comfort and helps you cope?
What traditions, needs or spiritual beliefs are important to you or to your loved ones?
(These may include faith and religious beliefs, what gives you strength, cultural beliefs/traditions, music, nature, rituals)

What are your hopes for your care, now and in the future?
(These may include where you would like your care to be, who you would like involved, treatments you would or wouldn’t like, wishes around your personal care, choices)

If you become more ill, where would you most like to be cared for?

1st choice:

2nd choice:

Comments:
Is there anything you want to avoid happening in the future?
(There may be something you are worried about happening)

Have you considered making an Advance Decision to Refuse Treatment (ADRT)?

Would you like support with this? (If yes, document action taken)

Have you made a will or any funeral plans? Who is aware of this and its location?

Do you have any special requests, preferences or other comments?
Do you consent to this information being shared with Health and Social Care Professionals for the purpose of meeting your wishes if you cannot voice them yourself?

Yes/No

Named personnel only (Include names, contact details, roles):

Signature of person this future care plan is about:

Date:

If someone is helping you to write down your wishes in this care plan, they should put their details here.

Name:
Relationship to you/role:
Address:
Tel:
Signature:

Please record any changes or additions to your wishes here:

Signature:  Date:
You may wish to note down here other people involved in your care, such as a district nurse, specialist nurse or Dr, carer, spiritual support, social worker.

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Advance Care Planning is a process of discussion between you and those who provide Care for you, for example your nurses, Doctors, care home staff, social worker, family or friends.

During this discussion you may choose to express some views, preferences and wishes about your future care so that these can be taken into account if you were unable to make your own decisions at some point in the future. The process will enable you to communicate your wishes to all involved in your care.

**It is however your choice. Advanced Care Planning is an entirely voluntary process and no one is under any pressure to complete one.** (Planning your future care. A Guide. NHS Improving Quality 2014)

If you require the information contained in this document in a different language or a different format, for example Braille, please contact the service provider who provided you with the document.