**MY ADVANCE CARE STATEMENT**

**(Also known as My Statement of Wishes and Preferences)**

This Advance Care Statement is to inform my family, health and social care teams about what is important to me at the end of my life, especially if I am unable to say so myself.

This is open to change at any point to reflect my wishes and circumstances.

**My details:**

|  |  |
| --- | --- |
| Name:  | I like to be called:Date of birth: / / |
| Address: |
|  | Postcode: |
| Email: | Telephone: |

**People who should be contacted about me if I am unable to communicate:**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
| Postcode: | Postcode: |
| Telephone: | Telephone: |
| Email: | Email: |
| Relationship to me: | Relationship to me: |
|  YES NO Nominated as my next of kin?Do they have lasting Power of Attorney for:Health and WelfareProperty and Affairs |  YES NONominated as my next of kin?Do they have lasting Power of Attorney for:Health and WelfareProperty and Affairs  |

|  |  |
| --- | --- |
| **My Advanced Care Statement was made on:** |  |
| **Reviewed on:** |  |
|  |  |
|  |  |
|  |  |

**1. All about me** Listed below are the things that are important to me

**a) Things I am interested in, passionate about and enjoy doing**

|  |
| --- |
|  |

**b) Things that frustrate me or annoy me**

**c) My daily routine, likes and dislikes, faith or belief systems**

|  |
| --- |
|  |

**2. My health**

 **I am well**

 **I am receiving care and treatment for the following:**

|  |
| --- |
|  |

**3. I understand this may happen to my health in the future:**

|  |
| --- |
|  |

**4. How I make decisions**

This is what I would like you to think about when making decisions about my care.

These scales will help:

**When considering my condition and treatment I like to know…**

only the basics all the details

**If I had an illness that was going to shorten my life, I prefer to…**

not know how much know the doctor’s best

 time I have left estimate for me

**When it comes to decisions about me, I want my loved ones to…**

not be involved at all be very involved

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When it comes to sharing information…**

I don’t want my loved I am comfortable with my ones to know anything loved ones knowing

 about my health everything about my health

**5. If I became very unwell, this is where I would like to be cared for, and why:\***

**(known as Preferred Place of Care, PPC)**

|  |
| --- |
| *Eg. Home, hospital, care home, hospice, somewhere else?* |

**6. If it became clear that I would not recover from my illness, this is where, and how, I would like to be cared for until I died:\***

**(known as Preferred Place of Death, PPD)**

|  |
| --- |
| *Eg. Who I want with me, what I want to wear, be clean shaven…* |

**\* Please note that I can change my mind!**

**7. This is what I would like to avoid happening to me and why**

|  |
| --- |
| *(e.g. hospital admissions, treatments etc)* |

**8. Other comments about my future care I want you to know about:**

|  |
| --- |
| *Eg. Arrangements for my dependents, pets* |

I have made a will Yes No

I have a Funeral Plan Yes No

I have appointed…………………………………………………………………………….. as my Funeral Director

I would like to be Cremated Buried

I have appointed a Lasting Power of Attorney Yes No

I have an Advance Decision to Refuse Treatment (ADRT) Yes No

I have a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Yes No

I have made a Memory Box Yes No

**Next Steps:**

I have spoken to these people about my Advanced Care Statement:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**I have given a copy of my Advanced Care Statement to my GP** Yes No