

Name:



My Future Wishes

Advance Care Plan

What matters? Thinking ahead...

This resource was developed as part of collaborative work across West Yorkshire and Harrogate Health and Care Partnership

Who is this form for?

This form is for any of us who are wanting to record our future care wishes. Everyone needs to think and talk about death. It's the only thing we know is definitely going to happen to all of us.

Recording your wishes allows you to express who you are and what is important to you. This will help ensure that your wishes are taken into consideration when decisions are being made about your future care if you cannot make these decisions yourself.

It may help to involve family or friends when you are deciding on your preferences. It will help them understand your wishes so that they can tell people if you can't. It may give your family and friends comfort that they have done everything they can to carry out your wishes.

This document belongs to you; it is for you and about you. You can show it to anyone who is involved in your care. It is important to remember that you can add to this booklet as often as you like and change your decisions at any time.

Writing in this booklet enables you to make your wishes known. It is not a legally binding document.

Your details

Full name:			
People call me:			
Address:			
		Postcode:	
Telephone:		Mobile:	

Who do you view as your next of kin?

You can choose to nominate your next of kin. Your next of kin are the person(s) that will be informed of your treatment.

1. Name:		Relationship	
Address:			
		Postcode:	
Telephone:		Mobile:	

2. Name:		Relationship	
Address:			
		Postcode:	
Telephone:		Mobile:	

Your GP

Name:			
Address:			
		Postcode:	
Telephone:		Out of hours:	

Useful numbers

Name:			

Section 1: what is important to you?

Your personal preferences and wishes

This section aims to capture what makes you happy and is important to you? Consider involving anyone who you feel could help you have these discussions/complete this document.

The person who knows you the best and understands what is important to you?

Name:			
Relationship to you:			
Address:			
		Postcode:	
Telephone:		Mobile:	

1. Are there any hobbies or activities that you would like to continue to enjoy?

2. Who has agreed to take care of any dependents (including pets)?

3. What makes you feel calm if you are anxious or upset?

4. Are there any faiths or belief systems that are important to you when thinking about your future care needs?

Section 1 cont.

5. Are there certain ways or times of day you like to do things? For example: bathing, dressing, hair, eating?

6. Where would you be content to be cared for if you are no longer able to stay where you currently live?

7. Where would you be content to be cared for when you are dying?

1st choice:

2nd choice:

8. What would you NOT want to happen? Is there anything you worry about or fear happening?

Section 1 cont.

9. Have you thought about what you might like for your funeral? Yes No
If **Yes**, have you made any arrangements (and with who?)

Would you like to be buried or cremated? Buried Cremated

10. If you DO NOT wish to donate your organs you must register your wishes via:
bit.ly/36YP3Fq

Legal considerations

11. Have you made a Will? Yes No
If **Yes**, where is it held?

For more information <https://www.gov.uk/make-will>

- 12(a) Does anyone have Lasting Power of Attorney (property and financial affairs) or an Enduring Power of Attorney* for you? Yes No

If **Yes**, please add their full contact details:

* If you completed an Enduring Power of Attorney correctly before **1st October 2007**, this is still valid and can be used in place of the Lasting Power of Attorney (property and financial affairs **ONLY**).

Section 1 cont.

Legal considerations

12(b) Does anyone have Lasting Power of Attorney (health and welfare) for you?

Yes

No

If Yes, please add their full contact details:

For Power of Attorney information visit: bit.ly/375B8gW

Your Lasting Power of Attorney (health and welfare)		Your Lasting Power of Attorney (property and financial affairs)	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Tel:		Tel:	
Mobile:		Mobile:	

Section 2: healthcare preferences

1. Do you currently have a completed 'Do Not Attempt Cardio Pulmonary Resuscitation (CPR)' form? Yes No

If Yes, where is it kept?

2. Do you have a Legal Advance Decision to refuse treatment document (for example to refuse blood transfusions or surgery)? Yes No

For information: bit.ly/2OuQDbx

3. Do you have an Emergency Care Plan or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form? Yes No

If Yes, where is it kept?

4. What concerns you most about your health, now and for the future?

5. Is there anything else that you would like to mention?

If you would like more information about these healthcare preferences, please contact your health professional e.g. your GP or District Nurse.

Section 2: healthcare preferences

What to do next with this document

1. Show the document to your health professional e.g. your GP or District Nurse. They will be able to answer any queries you have and clarify anything with you. They may also ask you if they can share some of the information with other people involved in your care if they think it would be useful for them to know.
2. If you wish, it may be helpful to involve family or friends in deciding on your preferences, it may help them understand your wishes.
3. Keep the document somewhere safe. Tell someone where you put it so they can get it if it is needed.
4. Your preferences may change over time. So that people know your preferences are still up to date, it is worth reviewing this document every 6 months. Or, sooner if you have had a recent admission to hospital, or there has been a deterioration in your health.

Well done for completing this document.

That can't have been easy, now go and live the rest of your life.

I confirm these are my wishes:

Name:

please print

Signature:

Date:

Date the document was discussed:	
Key people I discussed this with:	

Review dates	Changes?

If you have any feedback about this document, please email:
ENGLAND.YHSCN@nhs.net
with the subject line **WYH Advance Care Plan**

Sharing information letter to your GP

The letter below is for you to complete so you can let your GP know your wishes. This will allow your patient record to be updated.

Name:

Address:

Date of birth (dd/mm/yyyy):

Today's Date:

Dear Doctor,

Information about my Advance Care Plan

I have recently been discussing my future wishes and preferences with (please give their name and their occupation or relationship to you):

.....
I would like to ensure that the following important information from these discussions is added to my medical records so that it can be accessed as necessary in the future.

(Tick as many of the following as appropriate)

- I consent to sharing a summary of relevant information (e.g. current illness, carers, emergency care plans and preferences for my future care) with other health care professionals (e.g. out of hours doctors, ambulance services) via an enhanced Summary Care Record (SCR with Additional Information).
- I consent to the sharing of the information recorded below via an Electronic Palliative Care Coordination System (EPaCCS) or other electronic Advance Care Plan template.

The person I view as my Next of Kin is:

(Name, address, phone number)

.....
.....

The person(s) who knows me best and understands what is important to me is:

(Name(s), relationship and contact details if not already provided above):.....

-
.....
 I have an Advance Care Plan or other document where I have written more details about my wishes and preferences for the future.

This document is kept (location)

.....
.....
cont.

I have a faith or belief system that is important to me (please give details)
.....
.....

I have a Lasting Power of Attorney (health and welfare) which has been registered with the Office of the Public Guardian
Name and contact details or please give solicitor details if unsure:
.....
.....

I have considered my preferred place of death. The place I would like to be cared for when I'm dying is:
 My usual place of residence Hospital Hospice Other
If other, please give details:

I have written an Advance Decision to Refuse Treatment (ADRT)
 I have provided a copy with this letter

I do **NOT** wish to have Cardiopulmonary Resuscitation (CPR) in the event of cardiorespiratory arrest.
 I have a Do Not Attempt Resuscitation (DNACPR) form that has been signed by a healthcare professional and is kept (location):
.....
Name(s) of carers, family or friends who are aware of this decision:
.....
.....

I have a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form or other Emergency Care Plan that has been signed by a healthcare professional and which is kept (location):
.....
Name(s) of carers, family or friends who are aware of this decision:
.....
.....

Other relevant information:
.....
.....

Yours sincerely

(Signature)