

<b>My name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Telephone number</b> <ul style="list-style-type: none"> <li>• Home:</li> <li>• Mobile:</li> </ul>

# My Advance Statement (v2011.07.06)

This document should be read by professionals who care for me, and need to know my views on my future care. If I am unable to be involved in decisions about my care, this Advance Care Plan may help you make a decision in my best interests.

**I can change my mind about my wishes at any time. This document is not legally binding.**

**If I cannot communicate easily,**

- **you can help me by:**  
e.g. providing hearing aid/ pen and paper/ litewriter/ my glasses/dentures/ an interpreter
- **if a decision needs to be made, please talk to:**  
e.g. family member/ NOK/ named friend/ faith representative
- **please keep the following people informed of my progress:**  
e.g. family member/ NOK/ named friend/ faith representative

**Information that I need from the people looking after me:**

- e.g.
- medication/ treatment options
  - name/ role of individuals involved in my care
  - how much I like to know about my condition/ prognosis

**Things that are important to me:**

- e.g.
- friends/ family/ pets
  - symptom control
  - appearance/ deodorant/ make-up/ shaved face or legs
  - dignity
  - comfort
  - finances/ estate/ funeral sorted out

**I am concerned / worried about:**

- e.g.
- symptoms such as pain/ SOB
  - side effects of medication
  - my family/ pets
  - being a burden
  - dying
  - people not following my wishes

**Things I would like to happen to me:**

- e.g.
- organ/ body/ tissue/ corneal donation
  - to be treated with respect and dignity
  - to be comfortable
  - music (Spotify/ Classic FM/ CD/ etc)

**When time is short, I would like:**

- e.g.
- to know v. NOT to know
  - to decide who I do and don't want to be present
  - to be kept sleepy and unaware v. to be kept as alert as my symptoms allow

**At the very end of my life, if circumstances allowed, my first choice for my place of care would be :** **Home Hospice Hospital**  
(circle first choice)

- **This is because:** e.g. I want to avoid hospital / don't want to be on my own/ want to be in house I've grown up in
- **If this care was not available, my second choice would be:**

**Religious / spiritual things important to me:**

- e.g. last rites/ visit from faith representative/ specific care after death/ particular funeral arrangements

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