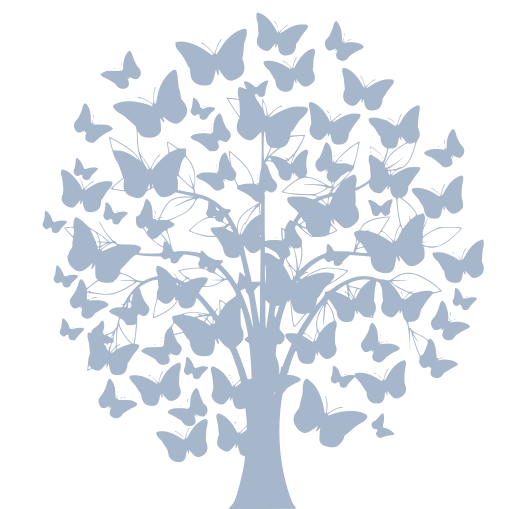
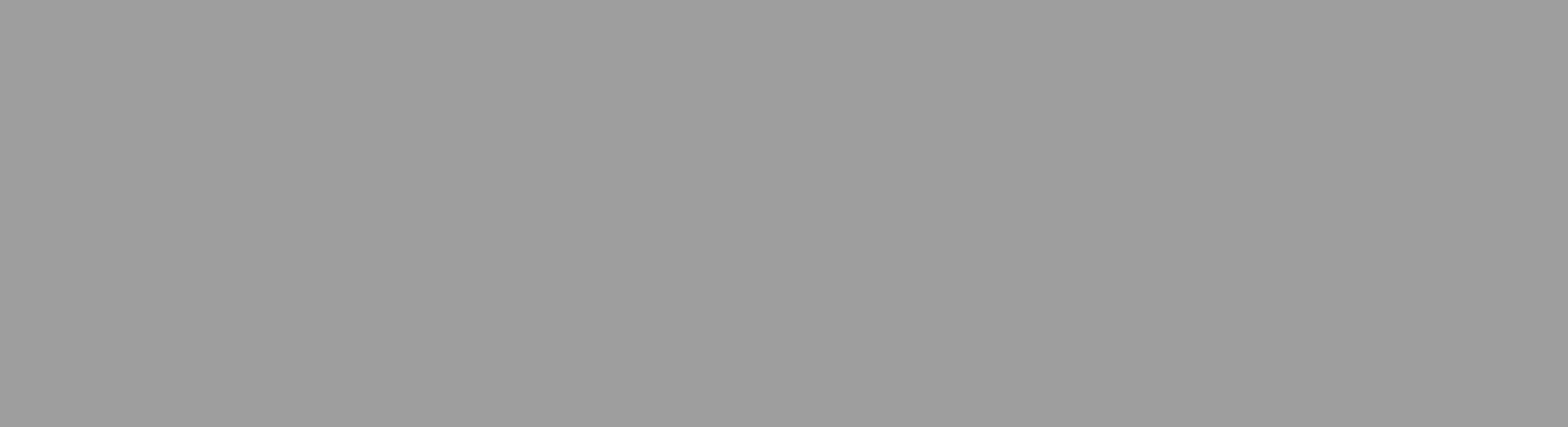
Name: ……………………………………………………………….



My Future Wishes

Advance Care Plan

**What matters? Thinking ahead...**

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

Advance\_Care\_Plan\_V5

September 2023

# Who is this form for?

What matters - the process of thinking ahead

This form is for anyone to record future care wishes. Everyone needs to think and

talk about death. It’s the only thing we know will happen to all of us.

Recording your wishes explains who you are and what is important to you. This helps to ensure that your wishes are considered when decisions are made about your future care - especially if you are unable to make decisions.

It may help to involve family or friends as you consider your preferences. Understanding what you want will help them to tell other people if you can’t.

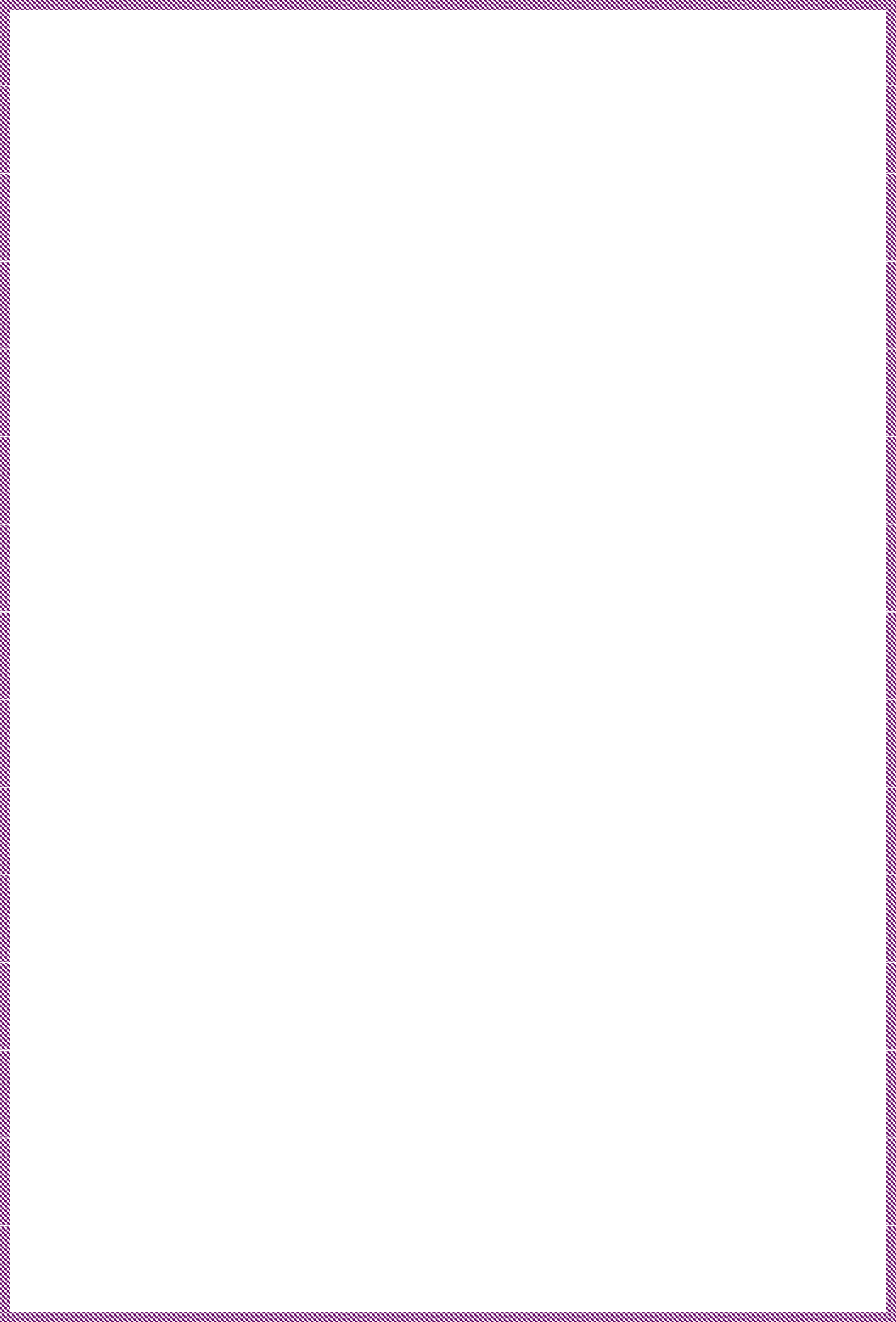
It may comfort them to know that they've done their best to carry out your wishes. This document belongs to you. You can show it to anyone involved in your care.

You can add to it or change your decisions at any time.

Writing in this booklet makes your wishes known, but does not force anyone to do

what you want. Some other documents are legally binding - details on pages 5-7.

page 1 of 9



Your details

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| What should we call you (What pronouns would you like us to use?) |  | | |
| Address: |  | | |
|  | Postcode: |  |
| Telephone: |  | Mobile: |  |

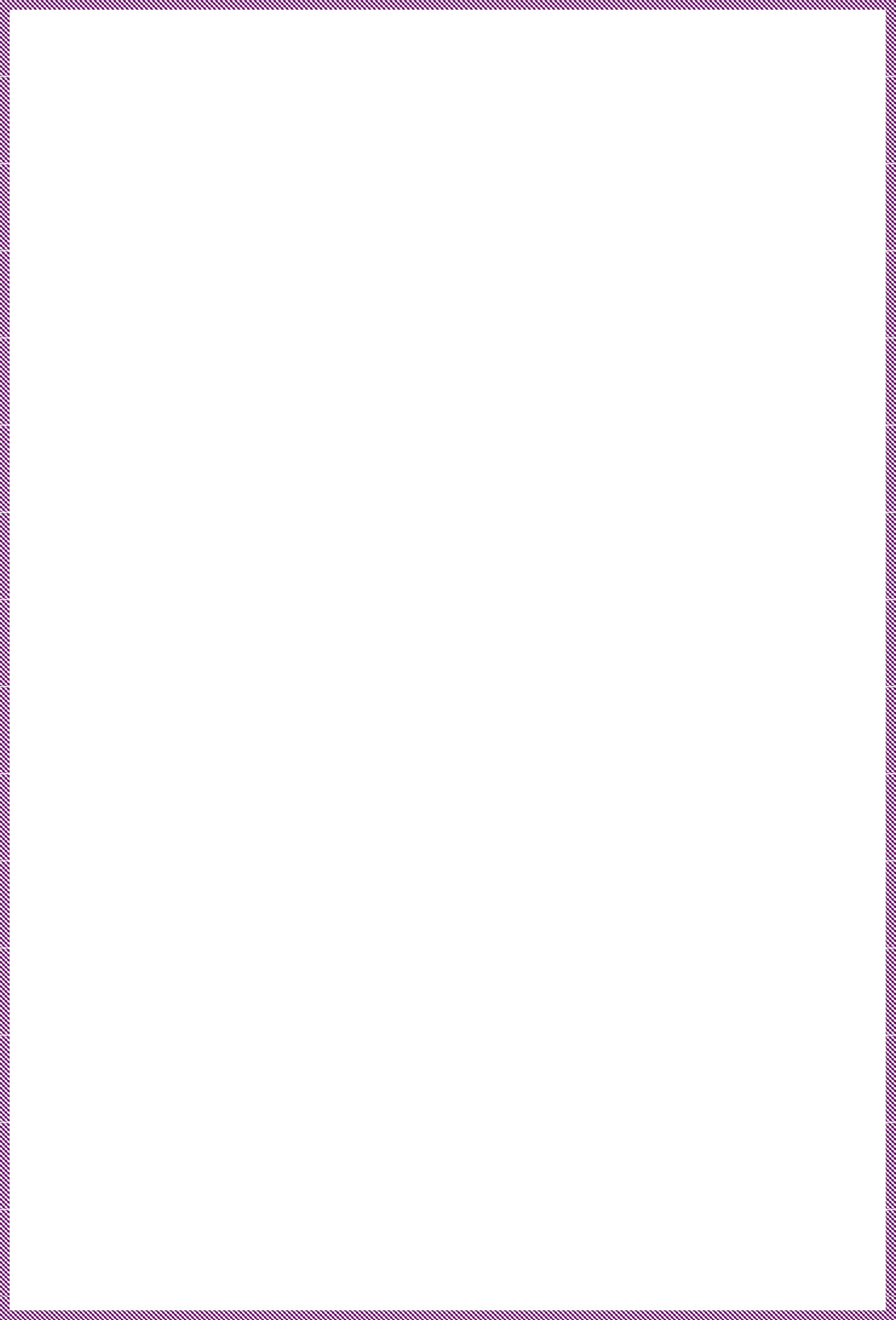
|  |  |  |  |
| --- | --- | --- | --- |
| Who do you want us to contact (relatives or friends) if we needed to about your care? | | | |
| 1. Name: |  | Relationship |  |
| Address: |  | | |
|  | Postcode: |  |
| Telephone: |  | Mobile: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Your GP practice | | | |
| Name: |  | | |
| Address: |  | | |
|  | | |
| Telephone: |  | Postcode: |  |

|  |  |
| --- | --- |
| Useful health and care contacts | |
| Name / number: |  |
|  |  |
|  |  |
|  |  |

page 2 of 9



Section 1: what is important to you?

# Your personal preferences and wishes

This section captures what makes you happy and is important to you. Ask someone to help you if you wish.

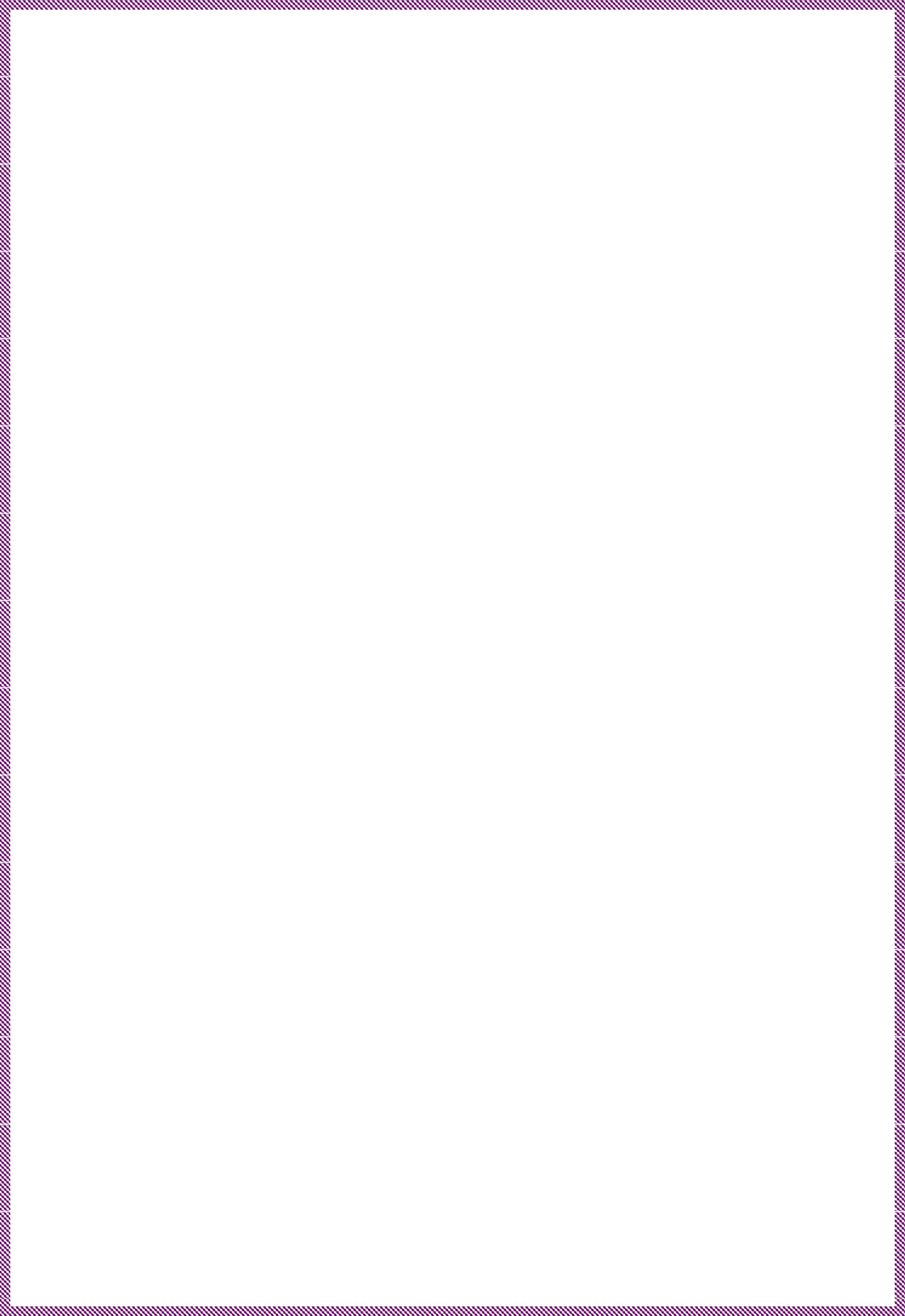
|  |  |  |  |
| --- | --- | --- | --- |
| The person who knows you the best and understands what is important to you | | | |
| Name: |  | | |
| Relationship to you: |  | | |
| Address: |  | | |
|  | Postcode: |  |
| Telephone: |  | Mobile: |  |

|  |  |
| --- | --- |
| 1. | Are there aspects of culture or faith which are important to you? |
| 2. | Is there anything you worry about or fear happening in the future? If so what would you like to happen? |
| 3. | What makes you feel calm if you are anxious or upset? |
| 4. | If you are no longer able to stay where you currently live, where would you want to be cared for? (e.g. stay with another relative?, care home, etc). |

page 3 of 9

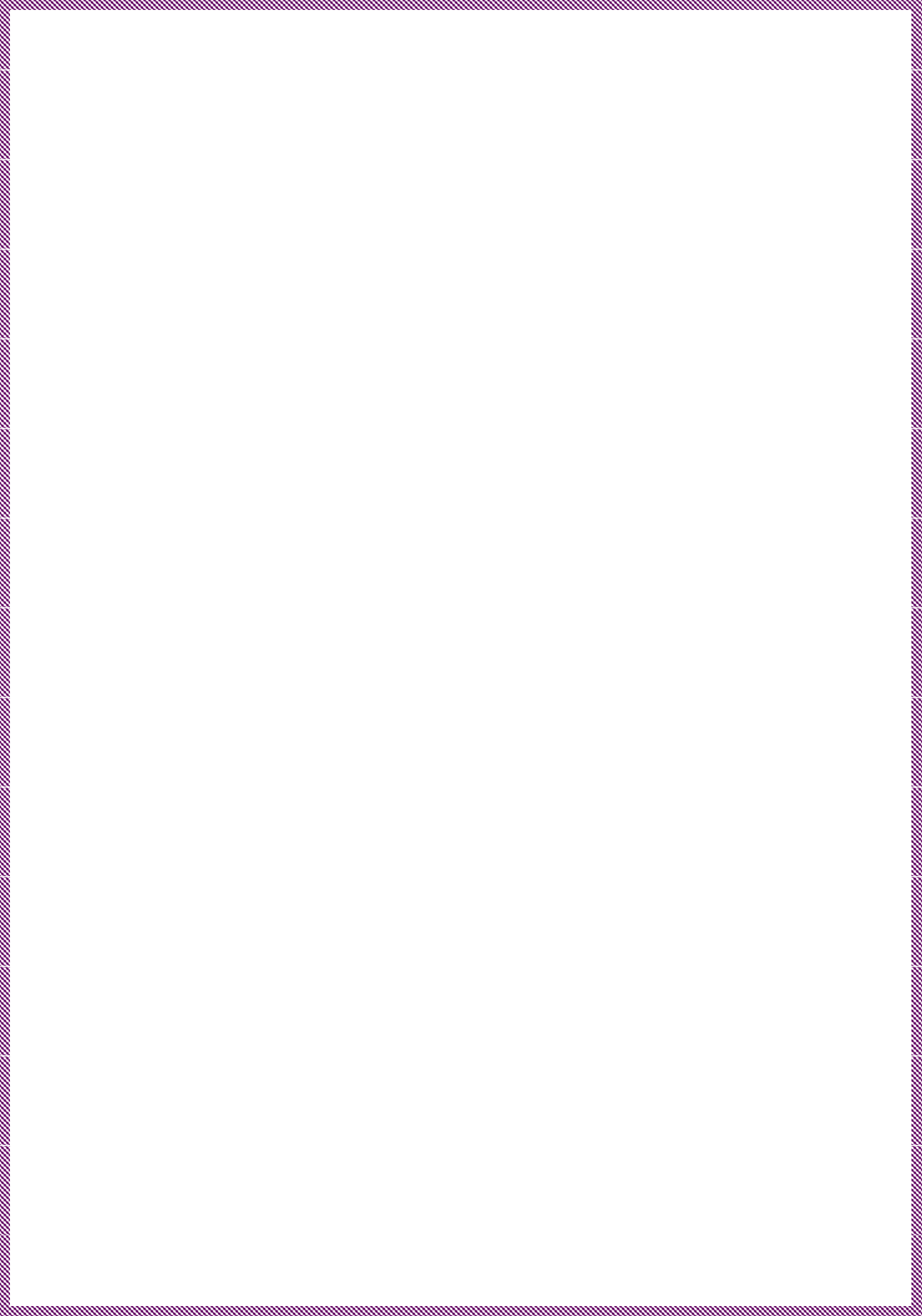
|  |  |
| --- | --- |
| Section 1 cont. | |
| 5. | Are there any specific routines important to you? (e.g. activities you attend, how you get ready– hair/ make-up / shave / clothing) |
| 6. | Who would take care of any dependents (including pets)? |
| 7. | Where would you like to be cared for when you are dying? Any reasons for this? |
|  | 1st choice: |
|  | 2nd choice: |
| 8. | Is there anything else important to you for when you are dying? |

page 4 of 9

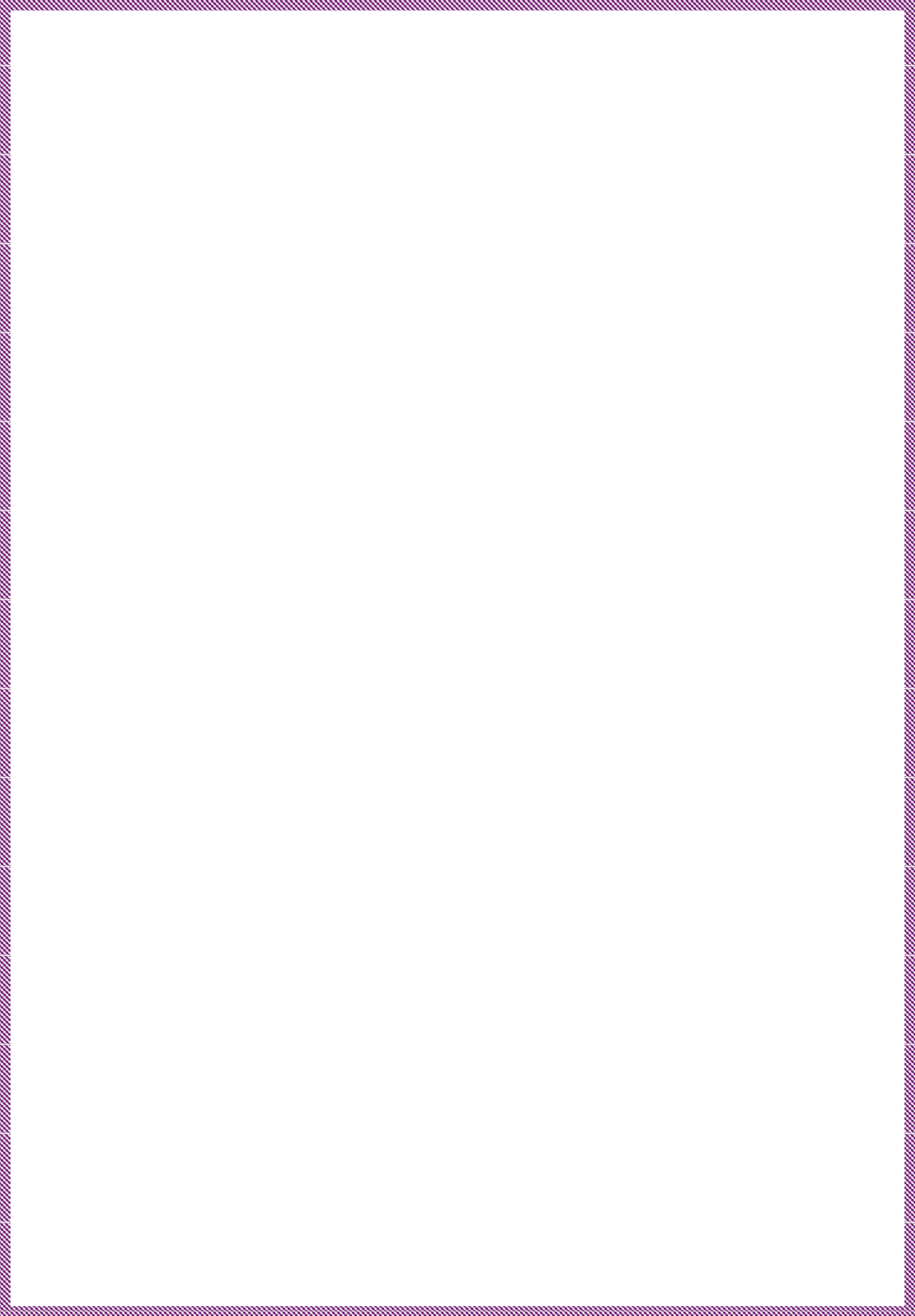


|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 1 cont. | | | | | |
| 9. | Have you thought about what you might like for your funeral? Yes |  | No |  |  |
|  | If Yes, have you made any arrangements (and with who?) |  |  |  |  |
| Would you like to be buried or cremated? Buried Cremated | | | | | |
| 10. | Have you considered and recorded your preferences for organ donation? More  information can be found on: | | | |  |
|  | bit.ly/36YP3Fq |  |  |  |  |
| Legal considerations | | | | | |
| 11. | Have you made a Will? Yes No |  |  |  |  |
|  | If Yes, where is it held? |  |  |  |  |
|  | For more information please see:  <https://www.gov.uk/make-will> | |  |  |  |

page 5 of 9



|  |  |
| --- | --- |
| Section 1 cont. | |
| 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, where / who is it kept with?: |
|  | \* 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) . |



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

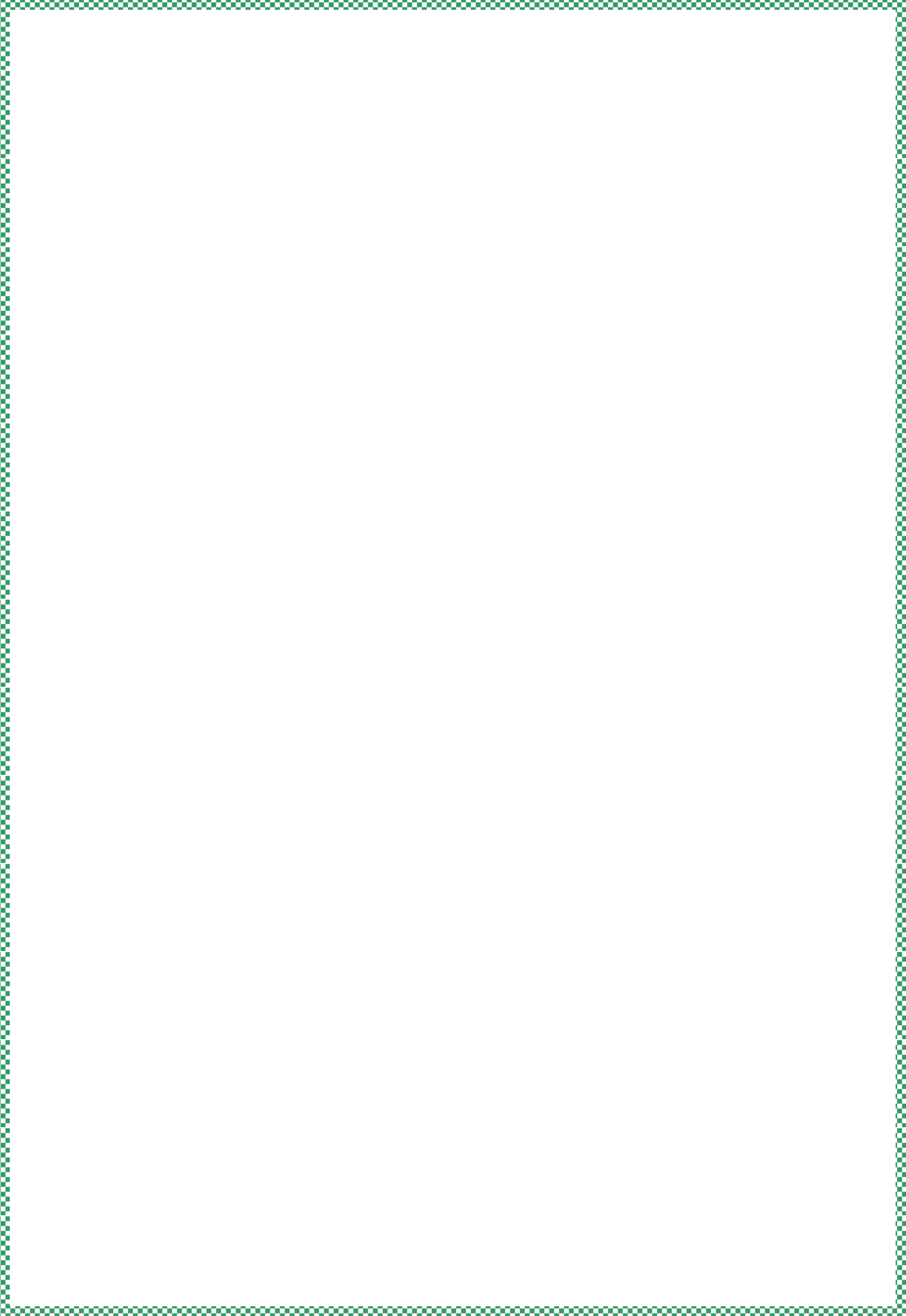
Yes No

If Yes, where / who is it kept with?:

For more information on both types of Lasting Power of Attorney visit: [bit.ly/375B8gW](http://bit.ly/375B8gW)

|  |  |
| --- | --- |
|  | |
| 13 | Do you have a Legal Advance Decision to Refuse Treatment (ADRT) document (for example to refuse blood transfusions or surgery)? Yes No |
|  | If Yes, where / who is it kept with?:  (remember to take with you to health appointments)  For more information see links: [bit.ly/2OuQDbx](http://bit.ly/2OuQDbx) |

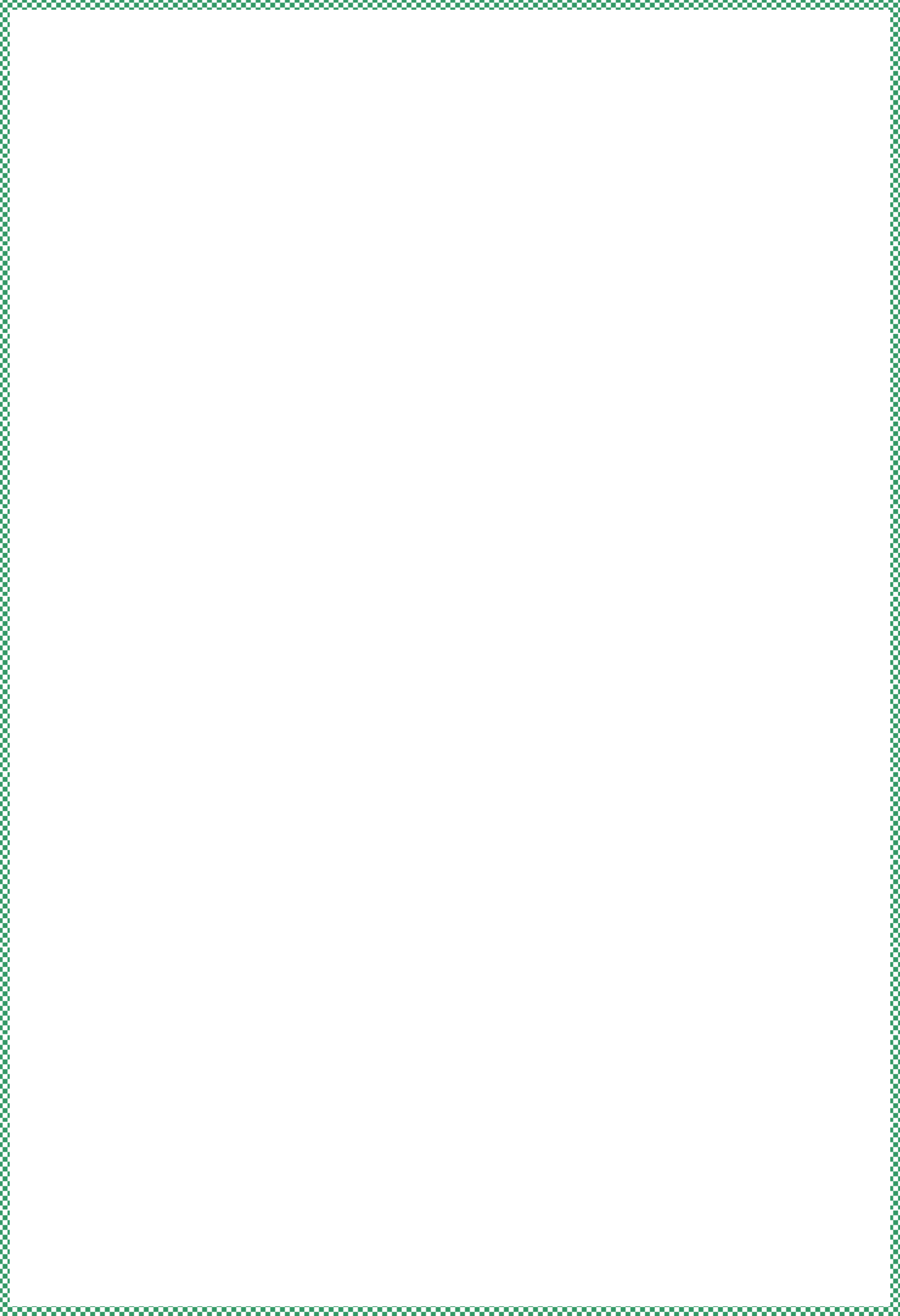
page 6 of 9



Section 2: healthcare preferences

|  |  |
| --- | --- |
| 1. | What concerns you most about your health, now and for the future? |
| 2. | Do you have an Recommended Summary Plan for Emergency Care and Treat- ment (ReSPECT) form or Emergency Care Plan? Yes No |
|  | If Yes, where is it kept? |
| 3. | If you do not have a ReSPECT you may have a DNACPR  Do you have a completed ‘Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)’ form? Yes No |
|  | If Yes, where is it kept? |
| 4. | Which health and care professional knows you best? |
| 5.  If you your | Is there is anything else that you would like to mention?  would like more information about these healthcare preferences, please contact health professional e.g. your GP or District Nurse. |

page 7 of 9



# What to do next with this document

Section 2: Sharing your preferences

1. Share the document with your health professional e.g. your GP or District Nurse. They will be able to clarify anything with you. They may also ask if they can share some of the information with other people involved in your care.
2. It may be helpful to tell family or friends that you’re working on this document if they don’t know already.
3. Keep the document somewhere safe. Tell someone where you put it so they can get it if it is needed.
4. It is worth reviewing this document every 6 months, or sooner if your health is deteriorating.

|  |  |
| --- | --- |
| Date the document created: |  |
| Key people I discussed this with: |  |

|  |  |
| --- | --- |
| Review dates | Changes? |
|  |  |

page 8 of 9

Name:

**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.

Address:

Date of birth (dd/mm/yyyy):

Today’s Date:

Dear Doctor,

Information about my Advance Care Plan

I have created an advance care plan which I would like to share with you. Please upload this important information to my medical records so that it can be accessed as neces- sary in the future.

Information for GP / health professionals (SNOMED codes):

Please review and upload this advance care plan and if necessary have a discussion

with the person about it.

The following read codes should be used to record the advance care plan:

|  |  |
| --- | --- |
| Concept ID | Description |
| 713662007 | Discussion about advance care planning (procedure) |
| 714748000 | Has advance care plan (finding) |
| 713600001 | Agreement on advance care plan (procedure) |
| 713580008 | Review of advance care plan (procedure) |

Tip: when coding you can add the note- Paper My Future Wishes document completed by patient

page 9 of 9