

Name:



My Future Wishes

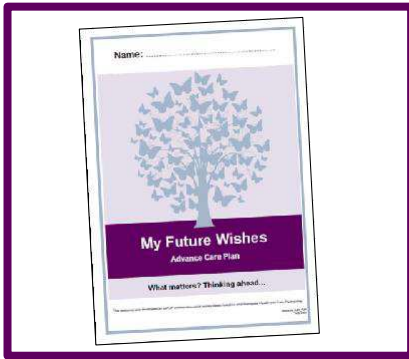
Advance Care Plan



What matters? Thinking ahead...



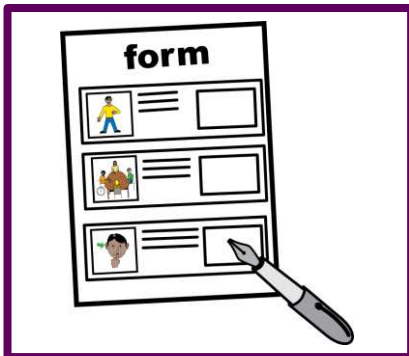
What matters - the process of thinking ahead



We all need to think and talk about death.

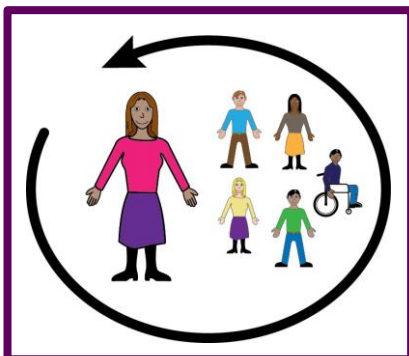
This booklet is to help you write down your future care wishes.

It's the only thing we know will happen to all of us.



Writing down your wishes tells people what is important to you.

This helps you if you are too poorly to tell someone what you would want.



Friends and family can help you write down and decide what you want.

It will help them know what you want so that they can tell people if you can't.

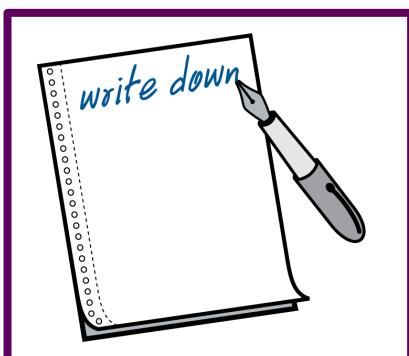
It may help your family and friends know that they have done everything they can to carry out your wishes.



This booklet is yours

You can show it to anyone who is helping you.

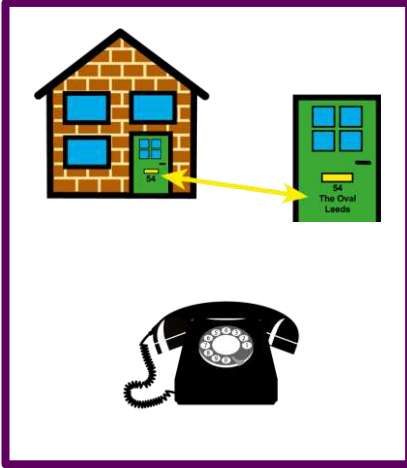
You can change your wishes at anytime.



Writing in this booklet makes your wishes known.

It is not a legal booklet.

About you



Full name:

People call me:

Address:

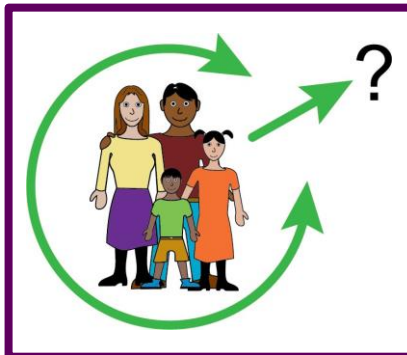
.....Postcode:

Telephone:.....Mobile:

What should we call you (What pronouns would you like us to use?)

.....
.....

The people who know you the best and understands what is important to you?
This is the person who you want us to speak to about your care.



Full name:

How do you know them:

Address:

.....Postcode:

Telephone:.....Mobile:

Full name:

How do you know them:

Address:

.....Postcode:

Telephone:.....Mobile:

Your GP



Name:

Address:

.....Postcode:

Telephone:.....

Out of hours:

Phone numbers of other people who support you.



Name:

Telephone:.....Mobile:

How do you know them:



Name:

Telephone:.....Mobile:

How do you know them:

Name:

Telephone:.....Mobile:

How do you know them:

Name:

Telephone:.....Mobile:

How do you know them:

Section 1: what is important to you?

Your wishes

Write down what makes you happy and what is important to you.



1. What do you enjoy doing?

.....

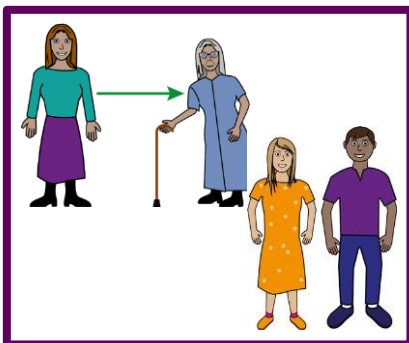
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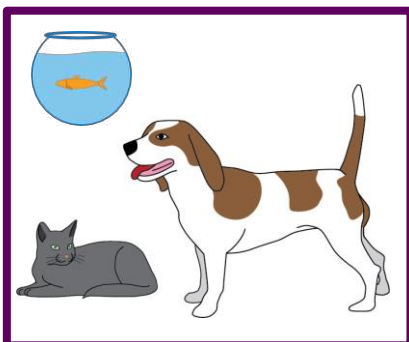
.....



2. Do you look after anyone else?

.....

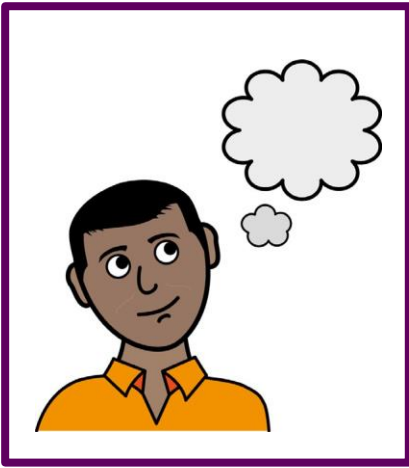
.....



3. Who will look after your pets?

.....

.....

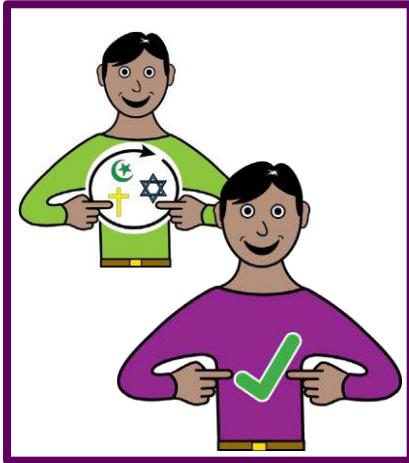


4. What makes you feel better if you are worried or upset?

.....

.....

.....



5. Do you have a faith or belief that is important to you?

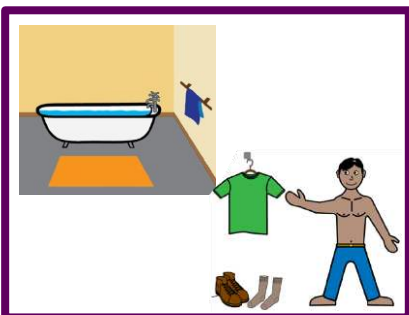
.....

.....

.....

6. What do you do in your

MON	TUES	WED	THUR	FRI	SAT	SUN



7. Are there things you need help with?
For example: bathing, dressing, doing your hair, eating?

.....

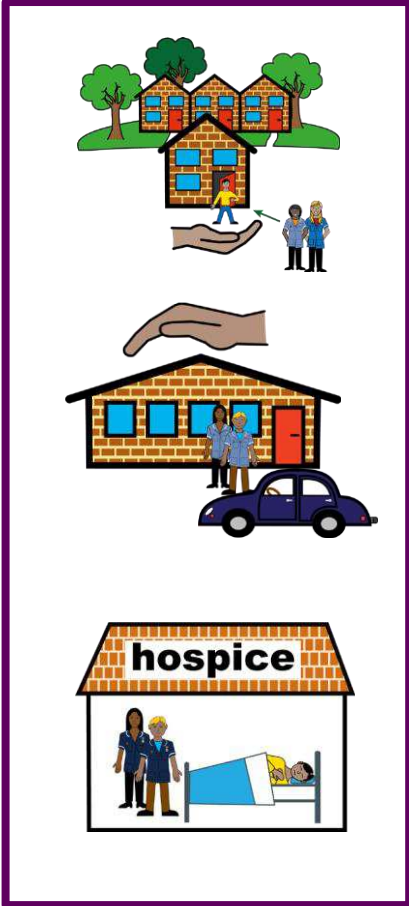
.....



8. How do you want to be looked after if you need more help?

.....

.....



9. Where would you like to be looked after when you are dying?

1st Choice

.....

2nd Choice

.....

3rd Choice

.....



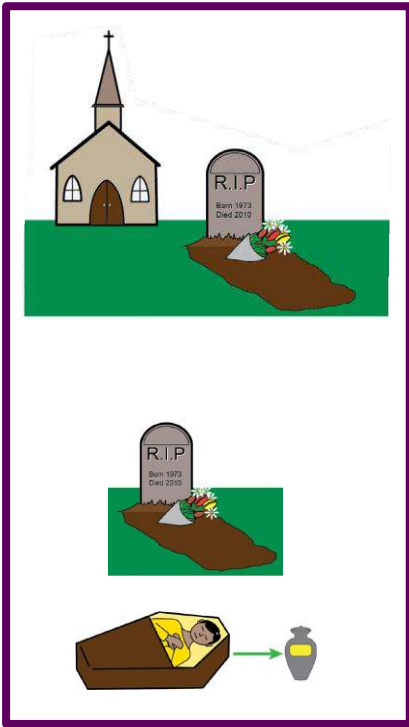
10. What don't you want to happen?
What are you worried about happening when you are dying?

.....

.....

.....

.....



11(a) Have you thought about your funeral?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, have you made any funeral plans (and with who?)

.....

.....

Would you like to be buried or cremated?

Buried Cremated



11(b) Do you have a Facebook, Instagram, Twitter/X account or any other social media account? If you do, who will look after this when you are not able to?

Scan the QR code for more information.



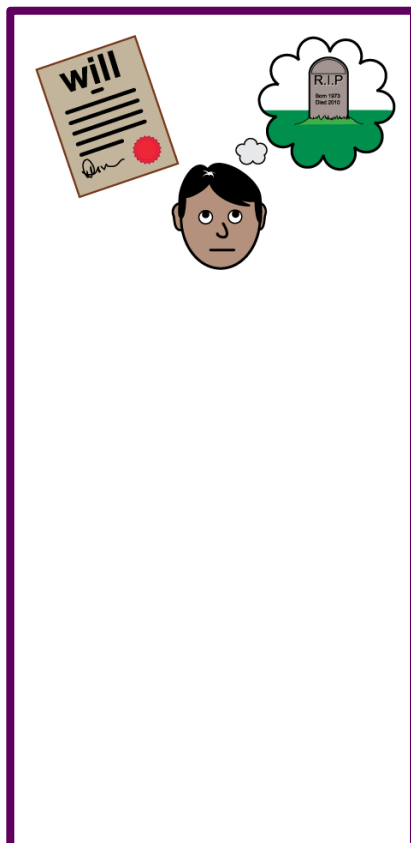
.....

.....



If you **DO NOT** wish to donate your organs you must register your wishes on the website

<https://www.organdonation.nhs.uk/>



Legal things to think about

12. Have you made a Will?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

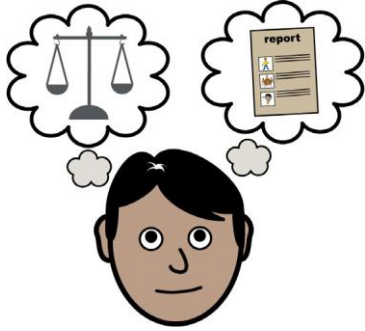
If Yes, who has a copy?

.....

If you want more information about making a Will go to the website

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





Legal things to think about

13. Does anyone have Lasting Power of Attorney

a. Property and financial affairs

(Enduring Power of Attorney)

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, who is that person?

.....

who has a copy?.....

Name

Address.....

Telephone.....



b. Health and Welfare

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, who is that person?

who has a copy?.....

Name.....

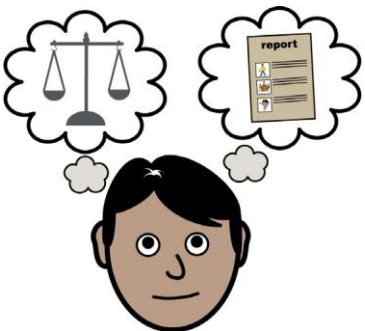
Address.....

Telephone.....



Is this registered with The Office of Public Guardian?

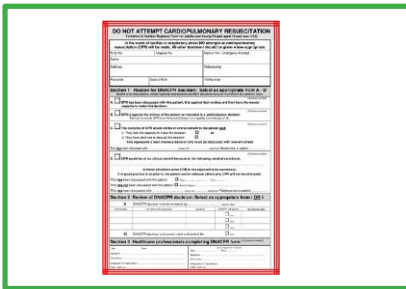
0300 456 0300



For more information on Lasting Power of Attorney visit:

<https://www.gov.uk/power-of-attorney>

Section 2: healthcare preferences



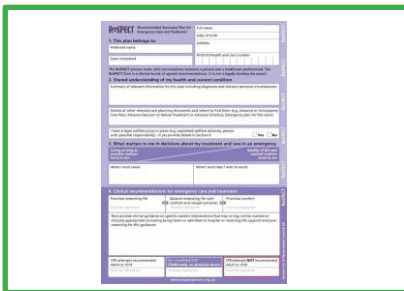
1. Do you currently have a completed 'Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



If **yes**, where is it kept?

.....



2. Do you have an Emergency Care Plan or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form?

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



If **yes**, where is it kept?

.....



3. Do you have an **Advance Decision to Refuse Treatment (ADRT)** document (for example to refuse blood transfusions or surgery)?

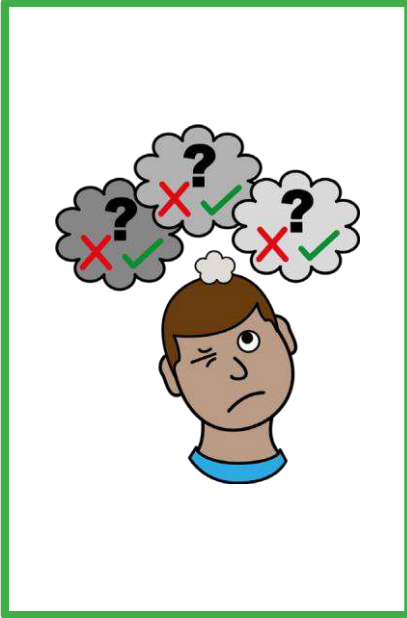
yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, where is it kept?

.....

.....

For information: <https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/>

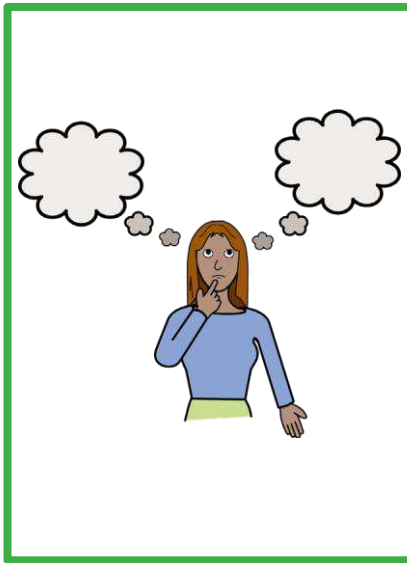


3. What worries do you have now?

.....
.....
.....

3a. What worries do you have for your future?

.....
.....
.....



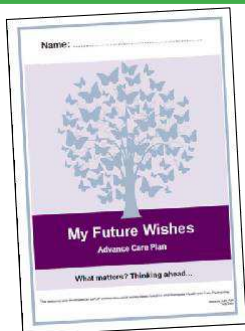
4. Is there anything else that you would like to say?

.....
.....
.....
.....



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

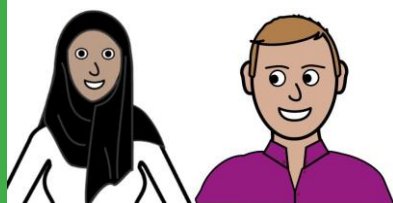
Section 3: What to do next with this booklet



1. Show the booklet to your GP, District Nurse or other carers.

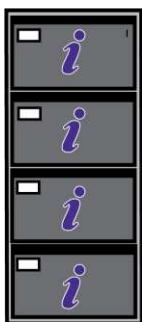
They will be able to answer any worries you have.

They may ask you if they can share some of the information with other people involved in your care.



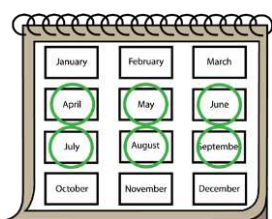
2. It may be helpful to ask family or friends to help you,

It may help them understand what you want.



3. Keep the booklet somewhere safe.

Tell someone where you put it so they can get it if it is needed.



4. You can change your mind about your wishes at any time.

Remember to change your wishes in your booklet.

Thank you



Thank you for completing your booklet.

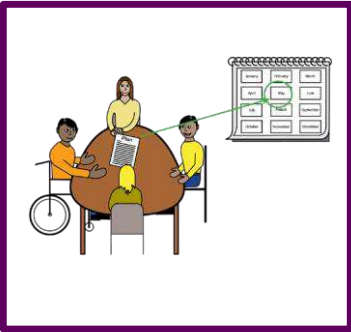
These are my wishes



Name:

Signature:.....

Date:



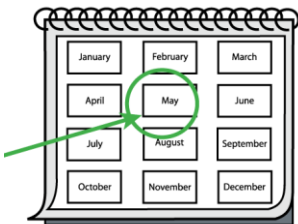
Date we spoke about my future wishes:

.....

People I discussed this with:

.....

Review dates



Blank space for writing review dates.

What Changes?



Blank space for writing about changes.

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

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:
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 necessary 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