



Thinking Ahead – My wishes for my Advance Care Plan

“helping you make the right choice

for your future care”

Please do not remove this Advance Care Plan from my Yellow Folder

My Details

My last name	My first name	My preferred name (if different)	
NHS number	DOB	Gender	Title
Address		Telephone number	
Postcode		Email address	

Key person to contact about my care e.g. main carer, family member/friend

Name	Relationship to me	Telephone Number
Address		Postcode

I am happy for health and social care staff to discuss my Advance Care Plan, condition and/or treatment with the following people if I become unwell and it is too difficult for me to make a decision for myself.

Name	Relationship	Contact details

If I become unable to make decisions for myself, I would **NOT** like the following people to be told.

Name	Relationship	Details

My current situation, problems, difficulties or concerns

My diagnosis/es and the impact it has on my day-to-day life:

I have the following medical and physical conditions including medication and treatments I am receiving:

My allergies or unpleasant side-effects from certain medications:

Help I need with communication (including need for interpreter or preferred spoken language):

What I like and don't like to eat:

My cultural requirements, religious or spiritual beliefs that may affect my care (include name and contact details of your faith leader/spiritual care giver if you would like them to be contacted should you become very unwell and what you would like this person to do for you):

Additional information - You may wish to include information: about the care of your children and/or other dependants, your pets, work issues, financial affairs and the support needed to keep things going at home e.g. milk, papers, security, and access to property and to internet accounts. It will be helpful to name people and provide contact details of those who are able to help with any of these.

If my condition deteriorates:

I would prefer to be cared for at:

If this is not possible I would like to be cared for at:

Things I would like to happen:

Things I would **NOT** like to happen:

Additional comments:

Health and Welfare Lasting Power of Attorney (LPA)

Name	Relationship to me	Telephone Number
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Address		
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	Postcode	
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This person does / does not* have the authority to make life sustaining decisions

*please delete as necessary

Property and Financial Affairs Lasting Power of Attorney (LPA)

Name	Relationship to me	Telephone Number
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Address		
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	Postcode	
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The following people understand what is important to me and I have shared my wishes with them:

Name	Address	Contact number	Relationship to me	Date Information shared

My Declaration:

I give my permission for the information contained within my Advance Care Plan to be shared with all the professionals involved in my care.

My Name:

My Signature:

Date:

I understand that the information recorded in this Plan may be stored electronically, and shared via the Electronic Palliative Care Co-ordinating System (EPaCCS) or relevant electronic patient care record to be accessed only by those with a legitimate need to see information about me.

My Name:

My Signature:

Date:

If this Plan has been completed on behalf of the patient please complete the following:

I have discussed and completed this plan with the patient and can confirm it accurately reflects their wishes.

The reason I have completed this Plan on behalf of the patient is...

If an Advance Care Plan is being completed in the patient's best interests then please complete a Record of Agreed Best-Interests Decisions (RBID) form available on <http://bereadyforit.org.uk/>

Name:

Contact details:

Signature:

Date:

Other information and discussions I (or my carer/care provider) wish to include.

If required please continue on a separate Thinking Ahead - My Additional Information sheet, making sure it is included in your yellow folder. Every page must contain your name and NHS number.

My Support Network

I receive support from these people	Their name eg Mary Smith	This person supports me by eg dressings	Times available	Their contact Number
Main person to call in a crisis				
My GP Registered/Preferred		Practice name		
My Care Co-ordinator				
District Nurse				
Health Care Assistant				
Community Matron				
Case Manager				
Social Worker				
Specialist Palliative Care Team				
Care At Home Team				
Marie Curie Nursing Service				
Social Care Services (including home care, sitting services, respite, night care etc)			24 / 7	0344 8008020
Mental Health Trust Worker				
Occupational Therapist/ Physiotherapist/Speech and Language Therapist				
111 or Out of Hours Service	Please tell the service at the beginning of the call that I am receiving Palliative Care		24 / 7	111
SWIFTS / Night Owls				01603 222334 or 0344 8008020
Dietitian				
Family Member				
Friend				