



WISHES & PREFERENCES FOR MY FUTURE CARE

Planning Future Care

This Plan Belongs to:

A decorative rectangular box with a green border and a white dotted inner border. The box is empty, intended for a person to write their name.

Planning Your Future Care

What is this Plan for?

This Care Plan is your opportunity to think ahead and write down what is important for you about your future care. This will enable those who care for you to take full consideration of your wishes and preferences, both now and when you approach the end of your life.

What can be included in the Plan?

You can use this plan in whatever way you like. You may like to include information about where and how you would like to be cared for at the end of life, the kinds of treatment you would like to have, and any other issues that are important to you. As it is entirely your plan, you can include or leave out anything you wish. This is not a legal document, and you do not have to include any legal information in it if you don't wish to.

Do I have to make a Plan?

No. You do not need to do this unless you want to. You may wish to talk about your wishes with family and health professionals instead.

Should I talk to others about my Plan?

You may find it helpful to talk about your future care with your family and friends, as well as with your healthcare professionals such as your nurse or GP. Sometimes this can be difficult because it might be emotional, or people may not agree. Often just having this discussion is very useful and makes it easier to bring difficult issues out in the open. It may be helpful to talk about any particular needs your family, friends or carers may have. If others do help you with your Plan, please write their names at the end.

Can I change my Plan?

You may find that your wishes about your care change over time. This is entirely normal and simply reflects that different things become more or less important at different times. If at any time you wish to review or change this Plan, you are free to do so.

How do I complete the Plan?

The questions in the Plan give a few ideas about what some people wish to write about. You do not have to answer all the questions. You may also add in any other pages or information you would like. You may not feel able to answer all the questions now, and you can always choose to complete or change it whenever you like.

Will my wishes and preferences be met?

What you have written in your Future Care Plan will always be considered when planning your care. However, sometimes things can change unexpectedly. Your Plan can help healthcare professionals know your wishes, when planning your care.

Preparing this Plan on behalf of someone else

In some situations, a person may lack capacity to make a Plan for themselves. This may be because of cognitive impairment such as dementia, or any other condition affecting their ability to understand, weigh up or communicate their wishes. This plan may be completed by their next of kin or by someone appointed under a Lasting Power of Attorney for health and welfare. The following points should be considered in this situation:

- Where at all possible, you should include the person in these discussions and make all efforts to understand their wishes. Discussion with family, carers and those close to the person can help.
- The Plan is for you to consider "*What the person would have wanted for their future and end of life care*". This may not be the same as what decisions you would like for them or for yourself.
- It is especially useful if you can indicate why you know their wishes, by for example including written or verbal statements they had made.
- Please document clearly in the Plan the names of those completing the form, and that this was done on behalf of the person, because they did not have the capacity to complete it themselves.

1 YOUR HEALTH

In relation to your health, what has been happening to you?

2 PREFERRED PRIORITIES

What are your preferences, wishes and priorities for your future care?

3 PREFERRED PLACE OF CARE

When you reach the end of your life, where would you most like to be cared for? (e.g. at home, care home, hospital or hospice)

4 END OF LIFE CARE

What would be important to you as the end of life approached, and do you have any specific wishes for this time? (e.g. Would you like to have someone with you?)

5 SPIRITUAL CARE

Do you have a particular religious faith or belief system that is important to you?

Please give details of any people you would like to be contacted or wishes you may have.

6 SPECIFIC WISHES

Is there anything you would ideally like to avoid happening to you?

7 ADVANCE DECISION TO REFUSE TREATMENT

have you made an Advance Decision to Refuse Treatment (previously known as a Living Will or Advance Directive)? **Yes / No**

If Yes, please give details of where this is kept below and give a copy to your healthcare professionals

8 CARDIOPULMONARY RESUSCITATION

Has anyone discussed cardiopulmonary resuscitation with you?

Yes / No

If Yes, please indicate what records or decisions were made. If not, please discuss this with your healthcare team.

9 NEXT OF KIN / LASTING POWER OF ATTORNEY

Who would you like to be consulted if it ever becomes difficult for you to make decisions, or in the case of an emergency?

If you have officially appointed someone to make decisions on your behalf, using a Lasting Power of Attorney (LPA) for health and welfare, please indicate this below (This is different to LPA for financial affairs) . Please give a copy to your healthcare professionals.

Name

Address

Telephone No.

Relationship

Do they have LPA? (Health / Financial)

10 ARRANGEMENTS AFTER DEATH

Have you made a Will? **Yes / No**

If yes, where is the Will held?

Have you made any funeral arrangements? **Yes / No**

Do you have any wishes about burial or cremation?

If it were possible, would you like to donate any of your organs? **Yes / No**

11 FURTHER INFORMATION

Do you have any further comments or wishes that you would like to share with others? (Please attach any additional pages if necessary)

12 COMPLETION

Details of person completing this document:

Name Signature Date

Details of Healthcare professional involved in this discussion (if present):

Name Signature Date

Details of next of kin / carer (if present)

Name Signature Date

If this plan has been completed on behalf of someone else (e.g. if the person is lacking mental capacity), please indicate this clearly below

Details of anyone else involved in advance care planning discussions:

13 REVIEWS

It is advised that you review your plan regularly, and document any changes to your wishes. Please record any changes on additional pages, and sign and date these

Next Review Date:

14 SHARING INFORMATION

Do you give permission to share electronically this document, together with any other useful clinical information about your care with other healthcare professionals such as Out of Hours Doctors, Nursing and Ambulance services?

Yes / No

Please use this space to make any additional comments, or to record changes to your Plan.