

Other thoughts / notes:

This leaflet can be completed by your next of kin, family, carer, representative or person who knows your wishes and preferences.

Name:

### Useful Contacts

GP:

Surgery telephone number:

District nurse / community nurse:

Telephone number:

Out of hours:

**Dorothy House Hospice Care 24hr advice line:** 0345 0130 555

Other hospice if appropriate:

Other important contact number:

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to give feedback about your care. Email [BSCCG.feedback@nhs.net](mailto:BSCCG.feedback@nhs.net) or telephone 01225 831717

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# PLANNING AHEAD

## MY WISHES



This leaflet documents my wishes and preferences that are important to me now and that I wish to be considered in the future.

Should I lose capacity to express my wishes and preferences, this information can support those looking after me to know what is important to me and help inform my care plan.

**My wishes and preferences can be changed by me at any time**

My name:

I like to be called:

Date of Birth:

Telephone Number:

NHS Number:

What is important to me: *e.g. Family, pets, home*

When planning my care for the future, I would like you to consider: *(include thoughts about treatment or future hospital care, what you would like to happen when your condition changes, your understanding or expectation of the future and particular wishes you may have)*

I would like these people to be involved in my care and know what my wishes are:

As my condition changes or as the end of my life approaches I would like to be cared for here:

**Important information**

I have a Lasting Power of Attorney for Health & Welfare: YES  NO

I have a Lasting Power of Attorney for Property and Financial Affairs: YES  NO

Name of person who has Lasting Power of Attorney for Health & Welfare for me:

I have a Treatment Escalation Plan eg. ReSPECT: YES  NO

I have a Do Not Attempt Cardio Pulmonary Resuscitation Decision: YES  NO

I have an Advance Decision to Refuse Treatment\*: YES  NO

*\* Legally-binding decision*

Where this information is held: