

Advance Statement

My health and the future

With thanks to
St Joseph's Hospice

An Advance Statement is a record of your wishes, feelings, beliefs and values, which can be used if you later become unwell and need care or medical treatment.

By writing an Advance Statement you will give those around you (your family, carers, and healthcare team) a clear idea of what you want if you cannot tell them.

Your Advance Statement is not legally binding. This means that a healthcare professional does not have to follow the instructions that are in it. However, what you write in your Advance Statement is still important because it must be taken into account when someone is making a decision for you.

My Details

Name: _____ Date of birth: _____

Address: _____

Email address: _____ Phone number: _____

GP details

Name: _____ Phone number: _____

Address: _____

The following sections offer suggestions to help you think about and record the things that are most important to you. You do not need to fill in every section if you do not want to.

The things that are important in my life are...

For example, what do you enjoy doing - spending time with family and friends, or certain activities like listening to music or reading? Where do you like doing these things, how often, and who with?

The things that are important to my identity are...

For example, what parts of your life are important to your identity? What name do you prefer to be called? What clothes do you like to wear? How do you style your hair? How important is your independence, privacy, or dignity?

My religious or spiritual beliefs are...

For example, do you follow/celebrate a particular religion or faith? What does this mean to you? Are there any prayers, ceremonies, or rituals you take part in? Does your religion or faith affect the way you would like to be cared for? How will you find peace/keep calm?

The things I do not like are...

For example, do you dislike certain activities, music, or foods? Are you scared of anything, such as needles, certain animals, or being alone for too long?

My Care

Important information to know when caring for me...

For example, what are your preferences for care? Do you have a daily routine you like to stick to, such as the time you get up and go to bed, or if you prefer a bath or shower? At the moment, what can you do independently and what would you like help with?

My food needs and preferences are...

For example, what should people know about your eating habits? Are you vegetarian, or vegan? Do you have any allergies, or are you restricted from eating any foods by your religion or faith?

The place I would like to be cared for is...

For example, would you prefer to be cared for in a hospice, a particular hospital, or in your own home? Who would you like to be with you?

Important people in my life are...

I have discussed this Advance Statement with the following people and would like them to be involved in decisions about my care:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone number: _____

Phone number: _____

My Treatment

I have the following condition or illness...

For example, what information should others know about your health? Such as treatments you are receiving, current medications you are taking or if you have any known allergies.

Things that are important to me in relation to my health are...

For example, what are the signs that you are feeling unwell? How do you best communicate to others how you are feeling? Do you have any worries such as being in pain or being sedated?

The things that I would prefer not to happen to me are...

For example, would you prefer not to be taken to hospital? Would receiving personal care by a member of the opposite sex be unacceptable to you?

I would like to donate my organs: Yes No
Further information...

I also have... (circle all that apply)

Advance Decision - for a copy contact:

Lasting Power of Attorney for Health and Welfare - my attorneys are:

DNACPR ReSPECT Coordinate My Care