

Advance care plan

Live for today, plan for the future



Your advance care plan

Advance care planning is an opportunity for you to collect your thoughts and wishes about your future care. It is a voluntary process that can help you to think about what is important to you and explore any concerns you may have regarding treatment and care in the future. Writing an advance care plan can help you cope with uncertainty.

This may include telling others how you would like to be cared for if you become very unwell and are unable to tell them yourself. As with any type of plan, your views and wishes may change or evolve over time. Advance care planning is flexible and can be reviewed at any time with your medical team.

This document is not legally binding and will be reviewed regularly with you according to your health needs and wishes.

It may be helpful to talk about your future care with those closest to you as well as with your healthcare professionals such as your GP. This may include information regarding how your health may change and treatment options or interventions that you may or may not want. Often by having these conversations, difficult issues can be brought out into the open and your wishes and needs can be addressed with your family, friends and carers.

Writing an advance care plan can help you cope with the uncertainties that occur due to the unpredictability of your condition, enabling you to make your wishes known, helping you to 'live for today and plan for the future'.

Your personal details

1.	Your full name and date of birth	
2.	Your preferred name	
3.	Your address	
4.	Your telephone number	
5.	GP's name	
6.	GP surgery address	
7.	GP's telephone number	
8.	GP's email address	
9.	Name(s) of your next of kin You can choose to nominate your next of kin. Your next of kin is the person(s) who will be informed of your treatment.	
10.	Do you have any dependants? If yes , please list your dependants:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Who has agreed to take care of your dependants?	
12.	Is there any person(s) you would not want involved in your care?	

Legal considerations

13.	Do you have a deputy authorised by the Court of Protection for health and welfare? Yes <input type="checkbox"/> No <input type="checkbox"/> (For more information, please visit www.gov.uk/become-deputy)	
	If yes , please give their contact details below:	
	Name	
	Address	
	Telephone number	
14.	Do you have a deputy authorised by the Court of Protection for property and finance? Yes <input type="checkbox"/> No <input type="checkbox"/> (For more information, please visit www.gov.uk/become-deputy)	
	If yes , please give their contact details below:	
	Name	
	Address	
	Telephone number	

15.	<p>Does anyone have lasting power of attorney for you for health and welfare? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(For more information, please visit www.gov.uk/government/publications/make-a-lasting-power-of-attorney)</p> <p>If yes, please give their contact details below:</p> <table border="1"> <tr> <td data-bbox="248 398 699 521">Name</td> <td data-bbox="699 398 1465 521"></td> </tr> <tr> <td data-bbox="248 521 699 719">Address</td> <td data-bbox="699 521 1465 719"></td> </tr> <tr> <td data-bbox="248 719 699 797">Telephone number</td> <td data-bbox="699 719 1465 797"></td> </tr> </table>	Name		Address		Telephone number	
Name							
Address							
Telephone number							
16.	<p>Does anyone have lasting power of attorney for you for property and finance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(For more information, please visit www.gov.uk/government/publications/make-a-lasting-power-of-attorney)</p> <p>If yes, please give their contact details below:</p> <table border="1"> <tr> <td data-bbox="248 1037 699 1160">Name</td> <td data-bbox="699 1037 1465 1160"></td> </tr> <tr> <td data-bbox="248 1160 699 1357">Address</td> <td data-bbox="699 1160 1465 1357"></td> </tr> <tr> <td data-bbox="248 1357 699 1435">Telephone number</td> <td data-bbox="699 1357 1465 1435"></td> </tr> </table>	Name		Address		Telephone number	
Name							
Address							
Telephone number							
17.	<p>Have you made a will? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(For more information please visit: www.gov.uk/make-will)</p> <p>If yes, where is it held?</p>						
<p>Your digital legacy</p>							
<p>You may wish to consider how your online presence is managed at the end of life and what you would like to happen to your profile on social media. If this is important to you, please discuss it with your next of kin.</p>							
18.	<p>Does your next of kin have access to your passwords for your digital devices? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
19.	<p>Does your next of kin have access to passwords for your social media (such as Instagram or Facebook)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						

Your health care

20.	Your diagnosis	
21.	Current medical problems	
22.	Do you have implantable medical devices? (for example: pacemaker, defibrillator, vagal nerve stimulator) If yes , please list the devices:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Additional information from your medical team:	

Your preferences, beliefs and thoughts

It is important to consider what makes you happy and what is important to you. You may wish to ask someone close to you to help complete this section.

23.	Are there any activities or hobbies that you would like to continue to enjoy?	
24.	Are there any faiths or belief systems that are important to you?	
25.	What or who makes you feel calm if you are upset or anxious?	

26.	Are there certain ways or times of day that you like to do things (such as bathing, dressing or eating)?	
27.	Do you require aids for communication? If yes , please list.	
28.	What concerns you most about your health, now and for the future?	

29.	Is there anything you worry about or fear happening?	
30.	Is there anything you would like to avoid happening to you?	

Your medical team will work with the palliative care team to help you make plans for your future care.

The palliative care team provides specialist care for people with complex symptoms and helps to improve their quality of life. They can give you and your family emotional and psychological support and advice.

31.	<p>Do you have a 'legal advance decision to refuse treatment' document? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
32.	<p>Do you currently have a completed 'do not attempt cardiopulmonary resuscitation (CPR)' form Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If this has not been discussed with you, your medical team will decide if this needs to be completed. They will discuss this with you and your family first.)</p>	
33.	<p>Where would you be content to be cared for if you are unable to stay where you currently live?</p>	
34.	<p>Where would you choose to be cared for when you are dying?</p> <p>Please give your first and second choice.</p>	<p>1.</p> <p>2.</p>
35.	<p>Have you thought about what you might like for your funeral? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, have you made any arrangements and with whom?</p>	
36.	<p>Would you like to be buried or cremated?</p> <p>Buried <input type="checkbox"/> Cremated <input type="checkbox"/></p>	

37.	<p>Have you considered organ donation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you do not wish to donate your organs, you must register your wishes at: www.organdonation.nhs.uk</p> <p>Please tell your next of kin and medical team about your wishes.</p>
38.	<p>Would you consider donating your body for medical research? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(For more information or to complete the donation form, please visit: www.southampton.ac.uk/clas/bequeathals/index.page)</p> <p>Please tell your next of kin and medical team about your wishes.</p>
39.	<p>Is there anything else you would like to add to this plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please add it here:</p>

Your signature

40.	I confirm that these are my wishes.	
	Your name	
	Your signature	
	Date	
41.	Do you give permission for this document to be shared electronically with other healthcare professionals such as GP and community teams involved in your care? Yes <input type="checkbox"/> No <input type="checkbox"/>	
42.	Has this plan been completed on behalf of someone else? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Please give full details here:	
	Name	
	Signature	
Date		

Your medical team's signatures

43.	Medical professional(s) involved in this discussion	
	Name	
	Signature	
	Date	
	Name	
	Signature	
	Date	
	Name	
	Signature	
	Date	
44.	Suggested date to review this care plan	

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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