

## Advance Care Planning ADVANCE STATEMENT

This Advance Statement document should be completed in discussion with your Health or Social Care Professional

**NAME:** ..... *Jean Mason*.....**DOB:** ...*14/12/1942*.. **NHS No:** ... *111222333444*

Completion of this Advance Statement is voluntary. It allows you to state your wishes, preferences, values, beliefs and feelings about your care in the future if you are unable to communicate your wishes for yourself at that time. This form is not legally binding but those involved in your care are obliged to take your wishes into account when making decisions in your best interests even though this Advance Statement is not, in itself, legally binding.

Before you complete your Advance Statement you may like to think discuss the following:

- If I become unable to make my own decisions, where would I like to be cared for in the future?
- What types of services will be available to assist me with my care?
- Do I have any religious or other beliefs / values which are important to me?
- Is there anything I would not want to happen?
- Do I need to talk to my family/friends and carers about my wishes?

When circumstances occur which make you change your mind about your choices, speak to your Health or Social care professional so that you can complete a new Advance Statement.

**Have you had any particular thoughts about your care and where it should take place in the future?** *Home is very important to me and I would like to remain in my own home for as long as possible and accept help to manage me at home which might also involve formal carer s as I do not wish to over burden my family.*

**If your condition deteriorates, where would you most like to be cared for?** *If I reach a stage where this is becoming difficult I would want to be consulted to consider alternative care arrangements. My preference would be not to go into a care home, I would accept maximum care and support at home.*

*Should I be unable to speak for myself and express my wishes I would request that you consult with my husband, Joe and our daughter, Suzanne, who is my Lasting Power of Attorney for health and welfare.*

**What is important to you?** *Please include religious and cultural beliefs, your wishes and preferences and include what would you like to happen?* *My family is the most important thing in my life and having the most important people around me means everything. I am a Christian and our church has been a big part of my life, I like to receive Holy Communion and would like that to continue for as long as possible. I am a big fan of music and would want to be able to appreciate my favourites where ever I am. I love my make up on and my hair just so, I like to dress colour co-*

*ordained and have my glasses on to see. I am a very private person but Please always ask me if you are not sure what to do and if I am unable to answer please ask my husband or daughter Suzanne.*

**What would you NOT want to happen?** *I would not want to go into a care home; I am terrified of being in a communal living environment and losing my ability to be in control*

**Do you have an Advance Decision to Refuse Treatment (ADRT)?** YES / NO

**Do you have an Emergency Health Care Plan?** YES / NO

**Do you have any specific requests or arrangements that you would like to share?**  
*I have specific dietary needs and allergies to certain foods. If I am not able to speak for myself please ask my husband, Joe or our daughter, Suzanne.*

**Is there is anyone else you would like to involve, such as Next of Kin or Lasting Power of Attorney (LPA)? An LPA is a legal document that lets you (the 'donor') appoint one or more people (known as 'attorneys') to help you make decisions your behalf if this is applicable to or to make decisions on you, please provide their name(S) below.**

Name	Please state Relationship: e.g Next of kin, friend, carer	LPA Health and Welfare (please tick if appropriate)	LPA Property and Finance (please tick if appropriate)	If other Please state	Contact Tel. number
<i>Joseph Mason</i>	<i>Husband</i>				<i>07777666555</i>
<i>Suzanne Daly</i>	<i>Daughter</i>	✓			<i>07722224444</i>

**The content of this record reflects my present wishes. I give consent for this information to be shared with other relevant health & social care professionals now and in the future. (A copy of this document would be helpful to share, please use grid below as a guide and prompt)**

**Patient's signature: ... *J.Mason*.....Date..... *1<sup>st</sup> March 2019***

**I have discussed this Advance Statement with (please supply name and professional role):**  
*GP. Dr Finch and Specialist Nurse Mitchell-Ross*.....

**Health/social care professional signature: ... *C. Finch*..... Date *1<sup>st</sup> March 2019*...**

**Negotiated review date (no longer than 12 months): .....**

Shared with:	✓if Yes	Contact details:
GP	✓	Dr Finch 08877665544
Consultant/s	✓	Mr Shah Gastroenterologist: Springtime Hospital
Hospital		
Hospice		
District Nurse	✓	022229988776
Specialist Nurse	✓	Macmillan Nurse Mitchell-Ross 011445566788
NEAS (using SPN form)	✓	Email to neas@nhs.net
Social worker		
Day Care		
Community Specialist Services		
Others (please state)		