NHS
Northern England
Clinical Networks

Advance Care Planning

ADVANCE STATEMENT

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

NAME: …… DOB: …… NHS No: ……

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 about and 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?

If circumstances occur which make you change your mind about your choices, you should speak to your Health or Social care professional and complete a new Advance Statement.

Have you had any particular thoughts about your <u>care</u> and where it should take place in the future?
If your condition deteriorates, where would you <u>most like to be cared for</u>?
What is important to you? *Please include religious and cultural beliefs, your wishes and preferences and include what would you like to happen?*

What would you NOT want to happen?
Do you have an Advance Decision to Refuse Treatment (ADRT)?
Do you have an Emergency Health Care Plan?
Do you have any specific requests or arrangements that you would like to share?

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 make decisions on your behalf if you are unable. Please provide their name(s) below.

Name	Please state relationship: eg 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

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

Patients signature: ……**Date**.....
I have discussed this Advance Statement with (please supply name and professional role): .....
Health/social care professional signature: .....**Date**……
Negotiated review date (within 12 months): .....

Shared with:	**✓if Yes**	**Name, role and contact details:**
GP		
Consultant/s		
Hospital		
Hospice		
District Nurse		
Specialist Nurse		
NEAS (using SPN form)		
Social worker		
Day Care		
Community Specialist Services		

ADVANCE STATEMENT V1 March 2019