



# My Wishes

This Advance Statement sets out your preferences, wishes, beliefs and values for a time when you may not be able to let people around you know what is important to you. Please note, this is not a legal document.

Name: \_\_\_\_\_

I prefer to be known as: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

NHS number: \_\_\_\_\_

This plan was last updated on: \_\_\_\_\_

## Part A - About Me

### Section 1: What matters to me

#### 1.1 Important things that matter to me right now:

**1.2 Things that worry me the most: (e.g. my health, personal situation, money etc.)**

**1.3 Things I would like to do, or see, if I can: (e.g. places to visit, people to see, events)**

**1.4 Things I enjoy that bring meaning to my life, such as:**

**A.** Specific faith or spiritual beliefs:

**B.** Specific routines: (e.g. a morning paper or coffee, an afternoon nap, prayer or walk)

**C.** Interests or hobbies that I get pleasure or comfort from: (e.g. music, painting, cooking)

## 1.5 How my faith/values/beliefs affect my medical or nursing care in following circumstances:

A. My preferences for care now:

B. My preferences for care when I am less well:

C. My preferences for care in the last days of my life:

D. My preferences for care after death:

## Section 2: Important things to know about me

### 2.1 How I communicate: (My language, verbal/nonverbal, communication aids)

I prefer people to communicate with me by: (e.g. using simple sentences, speaking loudly or softly, nonverbal, other communication aids)

Other communication or sensory needs: (e.g. help with understanding, expressing myself or interacting)

## 2.2 Eating and drinking:

A. Food I can't have (intolerances or allergies):

B. My specific dietary preferences: (Plant based/halal etc.)

C. My favourite foods and drinks:

D. Foods or drinks I don't like:

2.3 I like to spend my time: (e.g. listening to music, watching TV, reading/listening to books, peace and quiet)

2.4 What is important to me about how I look: (e.g. type/colours of clothes, hairstyles, make-up, facial hair)

## Section 3: My wider support circle

**3.1** People who know me best or may know my wishes, should I be unable to communicate them for myself:

**3.2** People who help me when things are hard and how they help me:

**3.3** My pets & what I would like to happen to them if I was no longer able to care for them:

**3.4** I am a carer, or I look after someone else (paid/unpaid). Plans we have made for this care to continue:

**3.5** People who are close to me that I am particularly worried about:

## Part B - Health

### Section 4: My Care Circle

4.1 My Care Circle: (e.g. informal carers, family, significant others. Contact details recorded here may be shared with health and social care professionals involved in your care)

### Section 5: Decision Making (please circle yes or no)

5.1 I have appointed a Lasting Power of Attorney (LPA) for Health and Welfare:  
<https://www.gov.uk/view-lasting-power-of-attorney>

**YES / NO** Your healthcare professional may ask to see a copy of your LPA.

LPA name and contact details: \_\_\_\_\_

### Section 6: Plans I have made with my health care professionals

ReSPECT plan and other Advance Decisions:

**A ReSPECT plan is a Recommended Summary Plan for Emergency Care and Treatment. You make this plan with a healthcare professional and can ask for one to be completed with you. The plan includes a recommendation for cardiopulmonary resuscitation (CPR).**

6.1 I have a ReSPECT plan: **YES / NO**

**An ADRT is a legal document which allows people to refuse treatments.**

6.2 I have a valid Advance Decision to Refuse Treatment (ADRT) in place: **YES / NO**

If yes, where do you keep your ADRT? \_\_\_\_\_

6.3 I have an implanted cardiac device (please circle applicable):

**No / Cardioverter defibrillator (ICD) / Pacemaker / Other**

If 'other' please describe your device: \_\_\_\_\_

If your device has a defibrillator function, is this still active? **YES / NO**

If the defibrillator function on your device is still active, have you had conversations with a healthcare professional about future deactivation? **YES / NO**

# Part C - Future Plans

## Section 7: The decisions I have made for when I die

### 7.1 I have made a will:

**YES / NO**

If yes, where can a copy of this be found?

### 7.2 I have a funeral plan:

**YES / NO**

If yes, where can a copy of this be found?

### 7.3 I would like to be buried or cremated - my preferred funeral director:

### 7.4 I have specific wishes regarding my preferred resting place and/or scattering of my ashes, please see below:

## Section 8: Other discussions I have had:

**8.1** Where I would like to be cared for if I can't look after myself (if this option is possible for me at the time): Please tick option

Home with carers       Care Home       Other

If other, please write here: \_\_\_\_\_

**8.2** Where I would prefer to die (if this option is possible for me at the time): Please tick option

Home with carers       Care Home       Other

If other, please write here: \_\_\_\_\_

**8.3** Other things I would like to record: