

My advance care plan

My details:

My name:

Address:

Postcode:

Date
of birth:

Telephone:

Mobile:

Name of proxy/next of kin 1:

Name of proxy/next of kin 2:

Please add full details of your proxies/next of kin on page 7

My advance statement

If you are no longer able to care for yourself, where would you prefer to be cared for if possible?

Preferred place of care 1:

Preferred place of care 2:

Special requests and preferences for your care:

Where would you prefer to die?

First preference:

Second preference:

Do you have an advance decision to refuse treatment (ADRT)? Yes ☐ No ☐

If yes, please give details (eg who has a copy?):

Do you have a Will? Yes ☐ No ☐

If yes, where is it kept?

Things that are important in my life now

The most important people in my life now are (eg wife/husband/partner/child/friend):
(You may wish to explain why these people are important).

1.
2.
3.

Please use the notes section on pages 12-13 if you have more to add.

Who or what helps you when things are difficult?

Do you have a particular religion, faith or set of beliefs that are important to you?

This may help to determine the type of ceremony or spiritual support you may want at the end of life, and your wishes for after your death.

Is there anyone who can help you to uphold these faith or beliefs? ☐ Yes ☐ No

If yes, please name them here:

What activities do you enjoy most in your life now?

Explain why they are important to you and whether you would like help to continue if you are unable to do them by yourself in the future.

1.
2.
3.

Please use the notes section on pages 12-13 if you have more to add.

Is there anything else in your life that is important to you now?

Explain why it is important and if there is anyone who can help you with it.

1.
2.
3.

Please use the notes section on pages 12-13 if you have more to add.

Does anyone have lasting power of attorney (LPA) for you?Property and financial affairs: ☐ Yes ☐ NoHealth and welfare: ☐ Yes ☐ No

If yes, please fill out their details below.

Attorney for property and financial affairs:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Attorney for health and welfare:

Telephone (mobile/landline)

Email:

Address:

Postcode:

If you have more than one attorney, please record their details on pages 7-8.

For more information about making an LPA please visit dementiauk.org/lasting-power

My funeral arrangements

I want to be: ☐ buried ☐ cremated ☐ other (tick as appropriate)

If you have ticked other, please give more information here:

If cremated, I would like my ashes to be (for example, scattered, placed with those of another):

My preferred funeral director is:

Or my funeral arrangements are already made with:

I wish my funeral to be in accordance with my faith and beliefs. State if any:

I would like the funeral to be at:

I would like the following music, hymns, readings etc:

Name of the person/people I would like to conduct the funeral (if possible):

Name of the person/people I would like to do a reading:

I would like flowers: ☐ Yes ☐ No

I would like donations (if any) made to:

Any additional comments:

Signatures

My signature:

Date:

Others involved drawing up this plan, eg family members, GP, other health or social care professionals:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Are you happy for the information in this document to be shared with relevant professionals?

☐ Yes ☐ No

Please note that while a dementia specialist Admiral Nurse may be able to help you draw up this plan, they are unable to sign it for you.

Important contacts

We recommend sharing this plan with all of your important contacts.

Name of proxy/next of kin

Name:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Name of proxy/next of kin

Name:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Important contacts

Person who knows me well

Name and relationship to me:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Person who knows me well

Name and relationship to me:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Important contacts

GP

Name:

Telephone:

Email:

Address:

Postcode:

Admiral Nurse (if applicable)

Name:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Important contacts

Other (eg community nurse, social worker)

Name:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Other

Name:

Telephone (mobile/landline):

Email:

Address:

Postcode:

Reviews of my plan

This plan should be reviewed regularly to ensure that it represents your wishes and preferences. We suggest every three to six months. Sign and date any changes made to record each review.

Review date:

Signature:

Date signed:

Any changes made? ☐ Yes ☐ No

If yes, add details:

Review date:

Signature:

Date signed:

Any changes made: ☐ Yes ☐ No

If yes, add details:

Add more review dates as required on pages 12-13.

Notes

Notes