

“This Advance Statement is a record of my wishes, beliefs, and values. It is for healthcare staff and those important to me. They can use it if I am too unwell to communicate without it.”



This Advance Statement belongs to:

Full Name:

NHS no:

Date of Birth:

Where were you when you were filling in this form?

The important people in my life are...

Name Relationship Tel.

Name Relationship Tel.

Have you given anyone Lasting Power of Attorney (LPA) for your Health & Welfare?

Yes, and their details are below. No, I have not given anyone this

The attorney is the person, or people named on your **LPA for Health and Welfare document**, who can help make decisions for you if you can't. (Leave this blank if you ticked 'No').

Attorney name(s) Tel.

Who is your parent or guardian? (For children and young people only)

Is there anything affecting your health or daily life?

This includes medical conditions, symptoms, diagnoses, or personal circumstances.

Details of other relevant care planning documents and where to find them

Select the documents you have already which can go with this Advance Statement:

Do not attempt cardiopulmonary resuscitation (DNACPR) Advance Decision to Refuse Treatment (ADRT) Treatment Escalation Plan (TEP) Emergency Healthcare Plan (EHCP)

Where to find these:

Name of Individual:

NHS Number:

The things that are important in my life are...

This is what you enjoy doing. It could be spending time with family and friends, or activities like listening to music and reading. Try to include where you like do these things, how often, and who with.

Which parts of your life affect your identity, self-image, or dignity?

This includes things like:

- the clothes you like to wear
- how important independence and privacy are to you
- your wishes for your online information

My religious or spiritual beliefs are...

You might want to tell us things like:

- if you follow a religion or faith
- any prayers, ceremonies or rituals you take part in
- how your beliefs affect your care
- how you find peace or keep calm

While I am being cared for, I want to stay at...

For example, would you prefer your own home, a hospice, a particular hospital, or a care home?
Who would you like to keep you company?

Name of Individual:

NHS Number:

The things I do not want to happen to me are...

For example, would you prefer not to go into hospital?
Would you refuse personal care from the opposite sex?

Additional Information

If you need it, you can use this space to tell us anything else you want them to know about you.

This document reflects my current wishes. I give consent for this information to be shared with the relevant health and social care professionals now and in the future. ▼

My Signature

Date

(Someone can sign for you above if needed. It's also helpful for a healthcare professional to see and sign this Advance Statement, but it is still valid even if they don't.)

I have discussed this plan with... ▶ ▶ ▶ ▶

HEALTHCARE PROFESSIONAL

Professional Signature
(not required for document validity)

Date

Name (print)

Role

Registration N^o.

It is okay to change your mind about your choices for any reason. If you do, speak to your Health or Social care professional. They will help you complete a new Advance Statement.