



care • compassion • kindness



Planning for your future care



Choices and priorities preparing for care at the end of life.

All about me



Name:



Address:



Date of birth:



NHS number:

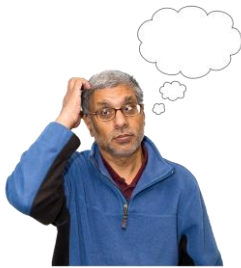


Please ask for help if you need support writing your plan.

Why is it important that we know what you want?



This document is for anyone who wants to plan their future care.



It gives you the chance to talk and think about what you would like when you are **end of life**.

End of life means when you are in the last weeks and days of your life before you die.



This plan can help you and people supporting you understand what is important to you.



If you cannot make decisions for yourself then people making decisions about your care can see what you would like to happen.



This plan is only to record what you want. If you decide you do not want any medical treatments you can speak with your doctor.



Tell me about your recent health. What has been happening?





Is there anything you are frightened of happening?





What is important to you and your future care?





Where would you want to be cared for if you became unwell and were at the end of your life?



At home



In hospital



In a care home



At a hospice



Is there anything you would like to happen at the end of your life that you would like to share with us?





Your plan can be changed at any time. We will write the changes and the date you asked us to change them.

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Contact numbers for the people involved in your care



My emergency contact:

Telephone number:



My doctor:

Telephone number:



My district nurse:

Telephone number:



My specialist nurse:

Telephone number:



My key worker:

Telephone number:

Contact numbers for the people involved in your care



My social worker:

Telephone number:



My advocate:

Telephone number:



Name:

Telephone number:



Name:

Telephone number:



Name:

Telephone number:



You may have a legal document called a **lasting power of attorney**. This will say who helps you make decisions or makes decisions for you.

For your **health and welfare**

Name:

Address:

Phone number:

Relationship to you:



For your **property and affairs**

Name:

Address:

Phone number:

Relationship to you:





If you cannot make your own decisions is there anyone you would like us to talk to about your care choices?

Name:

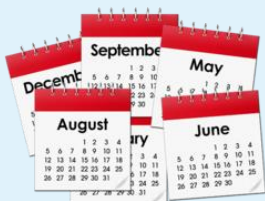
Address:

Phone number:

Relationship to you:

When you have completed your Planning for Future Care document you should keep it with you and share it with the people involved in your care.

S Your name



This plan was given to me by:

Name:

Role:

Organisation:

Telephone number:

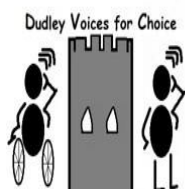
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Dudley Voices for Choice

Originated and adapted from The Dudley Group NHS Trust, Dudley Clinical Commissioning Group and The Mary Stevens Hospice 'Planning for your future care' document.



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