NORTH·LONDON
HOSPICE

My preferences for care

(A non-legally binding document to represent my hopes and wishes)

Please keep a copy for GP/District Nursing/Hospital/Palliative Care notes.

Ideally keep this document with you and share with anyone involved in your care.

Your Name:

Address:

Postcode

Date of birth: Hospital number:

Do you have an Advance Decision to Refuse Treatment? Yes/No

If yes, who has a copy?

PROXY/NEXT OF KIN

Who would you like to be involved if it ever becomes too difficult to make decisions?

Contact 1:

Relationship to you:

Telephone:

Do they have Lasting Power of Attorney? Yes/No

My preferences for care

Contact 2:

Relationship to you:

Telephone:

Do they have Lasting Power of Attorney? Yes/No

Do you have any requests or preferences regarding your care?

If your condition deteriorates and you were unable to care for yourself, where would you most like to be cared for?

Bearing in mind your circumstances may change, where would you most like to be cared for when you are dying? (eg home/nursing home/hospice/hospital).

What would you NOT want to happen? Is there anything you worry about or fear happening to you?

Do you have any comments or wishes that you would like to share with others?

Do you have a particular faith or belief system that is important to you? Please give details.

Do you want to be buried or cremated?

Do you have any arrangements in place?

If possible, would you wish to donate your organs? Yes/No

(In the case of cornea and some other tissues, age does not matter. For other organs it is your physical condition, not age, which is the deciding factor.)

Are you happy for the information in this document to be shared with other relevant Healthcare Professionals? Yes/No

Patient Signature: Date:

Healthcare Professional signature:

Date:

Next of kin/carer signature (if present):

Date:

Details of family members involved in Advance Care Planning discussions:
(Name/relationship/address/telephone)

Details of Healthcare Professionals involved in
Advance Care Planning discussions:

Remember to regularly review this document to make sure that it continues to represent your wishes. Sign and date any changes you make.

Reviewed on:

Signed Date:

Signed: Date:

Signed: Date:

Signed: Date:

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HOSPICE

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