

My name is...

Yes

No

I'm allergic to...



I live at...

My one page profile is overleaf. Please read it first!

I was born on...



Other?



I have a bag packed to take with me. It is located...



Advance Care Plan

My Personal Details

| | | |
|------------------------------------|--|---------------------------------|
| My first name: | | My religion/spiritual faith is: |
| Surname: | | |
| Maiden name: | | My GP details are: |
| I prefer to be called: | | |
| Date of birth: | | |
| Place of birth: | | My solicitors details are: |
| My NHS number: | | |
| My partner/husband/wife is called: | | |
| I Live with: | | |
| My home address: | | Executor details: |
| | | |
| My telephone number: | | |
| My mobile number: | | |
| My email address: | | |

Family Members/Informal Carers

| Name | Relationship to me | Phone number | Do they hold a copy of your plan (Y/N) | Next of Kin (Y/N) |
|------|--------------------|--------------|--|-------------------|
| | | | | |
| | | | | |

Any Professionals Involved

e.g Social Care Practitioner or Nurse

| Name | Role | Organisation | Phone Number | Do they hold a copy of your plan (Y/N) |
|------|------|--------------|--------------|--|
| | | | | |
| | | | | |

Signed By

| | |
|-----------|--|
| Your name | |
| Signed by | |
| Date | |

Advance Care Plan

My future care preferences

| | |
|--|-----------------------------------|
| <p>Most people prefer to live in their own home for as long as possible, however it may be that you become really poorly or unable to care for yourself. Do you have preferences you would like people to consider? e.g. this could be a particular residential home or area you would like to live in</p> | |
| <p>What I don't want to happen or prefer not to happen e.g., I would prefer not to die in hospital, but in my own home e.g., home, hospice, care home, local hospital</p> | <p>Preferred Place of Care</p> |
| | <p>Preferred Place of Death 1</p> |
| | <p>Preferred Place of Death 2</p> |
| <p>Family/carers comments—things they would like to record either that has been discussed and agreed or that you still are considering</p> | |
| | |

Who and what is important to me?

| | |
|---|---|
| <p>People and any pets, who are important to me</p> | <p>Places or things that are important to me (this could be your home, items of furniture or even places you have been on holiday and really enjoyed)</p> |
| | |
| <p>The way I live my life that is important to me (this could be you like to have everything tidy and in its own place, or personal—e.g. spiritual/religious preferences, or particular ideas for your hair/clothing)</p> | |
| | |

Advance Care Plan

Putting your affairs in order

Ensuring that your paperwork and documents are up to date and easy to find will save time and reduce anxiety for your family/next of kin if you become unable to attend to your affairs or if you are taken ill or suddenly die.

Tick below to show that you have thought about and recorded in a safe place the details listed. Have you nominated someone you can trust who will be able to access those details if the need ever arises? (Please do not include any personal details in this section) e.g., bank account details.

| | | | |
|--|--|--|---|
| | Addresses and contact number of family, friends and colleagues | | Pension details |
| | Birth/marriage certificate | | Bank name/account details (including credit card) |
| | Will | | Hire purchase agreements |
| | Personal effects | | Passport |
| | Details of any funeral arrangements or preferences | | Tax office address and contact details |
| | Other important documents/contacts e.g., solicitor | | Digital legacy/information |
| | Organ donation/donor card | | Other: |
| | Insurance policies | | Other: |
| | Mortgage details | | Other: |