

# When I Die

Photo optional

**This Advanced Care Statement belongs to:**

**Please treat my document with respect.**

## **Your plan**

- It is important that you have a choice of where you wish to receive care and what kind of support you would prefer when you are coming to the end of your life.
- This plan is a record of the choices you may make about the place of care and type of support you might want when coming to the end of your life.
- This plan can be completed by you and other sections will be completed by the people who support you.
- You will be asked for details about your home. This will help the people supporting you to complete this plan.
- Your plan will tell people how you communicate which will help others to support you better.
- The plan will be a record of your choices. If changes have to be made to your choices this will be recorded in your plan.
- Should you need any help in completing any parts of the plan please ask someone such as a member of staff.

## **Confidentiality**

- Your information will be kept on our computer. We will also keep written records to check where your care and support is given.
- Any information you give will remain private, this is to protect your rights.
- Your information will only be given to other people with your agreement.
- Your information will be held in safe place and will only be for people who need to know about it.

# About Me

Date booklet first completed on:



My name is:

I like to be known as:



I live at:

Tel:



My religion is:



Doctor's Name:

Doctor's Address:

Doctor's email address:

Doctor's Tel:



My next of kin / advocate is:

Tel:



Their Address is:

Tel:

## Your Wants and Wishes

### Your health now:

Think about your experience when you have been unwell, what happened to you?

Family, friends or support staff view.

**What I want for my future care:**

Think about what's important for you?

What do Family, friends or support staff think is important for you?



Where ever possible I would like to be cared for in my own home if I am very ill (Circle choice)

**Yes** ✓

**No** ✗

**Where I want to live and be looked after:**

Think about what's important to you?  
What would you like or not like to happen?

Other people involved in bringing this plan together are:



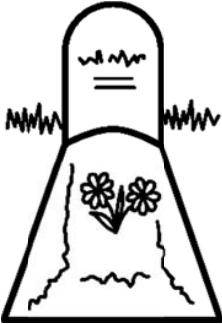
Was this a "Best interest decision" (Circle choice)

**Yes ✓**

**No ✗**

## My Burial or Cremation

### Burial



I have decided that I would prefer to be buried.  
(Circle choice)

**Yes ✓**

**No ✗**

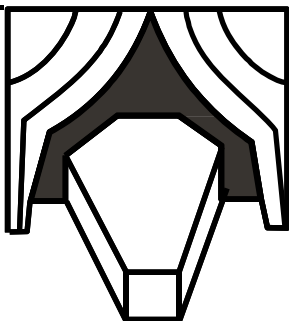
I have a place in a family burial plot or I have purchased a plot (Circle choice)

**Yes ✓**

**No ✗**

If not, I would like to be buried at:

### Cremation



I have decided that I would like to be cremated:  
(Circle choice)

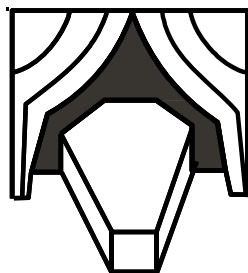
**Yes ✓**

**No ✗**

I would like this to take place at:

I would like my ashes to be:

# About My Funeral Service



I would like this to take place at:

I would like the service to be: (Circle choice)

Formal **Yes** ✓

**No** ✗

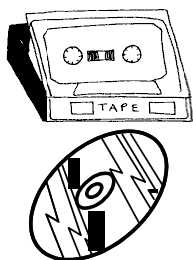
Informal **Yes** ✓

**No** ✗

I would like (Add name) to help you organise my service:

## Music

I would like the following pieces of music to be played:



## Reading

I would like the following to be read:





I would like these things to be placed in my coffin with me:

**Flowers**



I would like flowers at my funeral my funeral  
(Circle choice)

**Yes** ✓

**No** ✗

My favourite flowers are:

**Donations**



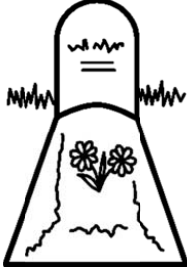
Rather than flowers people may donate to:

Details

# About my Funeral

I would like where my ashes or body is buried to be marked with: (Circle choices)

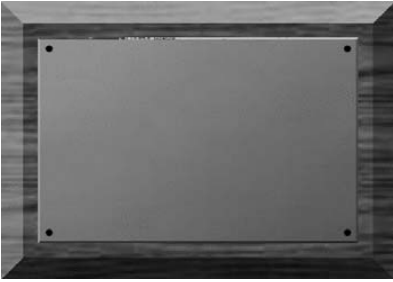
## Headstone



Yes ✓

No ✗

## Wall Plaque



Yes ✓

No ✗

## Remembrance Book



Yes ✓

No ✗

And I would like: (e.g. a tree planted, a party afterwards): Please state



Yes ✓

No ✗

Please state:



## About My Will

I have/have not made a will: (Circle choice)

Yes ✓

No ✗

My will is kept with (name):

Address:

Tel:

## Funeral Plan



I have / have not got a funeral Plan. (Circle choice)

Yes ✓

No ✗

My funeral plan details are as follows:

Name of Plan:

Policy Number:

Agency Address:

Contact Number:

## My Wishes about my things

I would like my things to go to:

I would like my clothes to go to:

### Advanced directives on the acceptance on refusal of treatment.

I would like you to support me with this: (This might include “do not resuscitate”)

### Organ Donation

I have registered as an organ donor. (Circle choice)

**Yes** ✓

**No** ✗

My donation card is kept:

## Lasting Power of Attorney

You may have formally appointed somebody to make a decision on your behalf, using a Lasting Power of Attorney, in case you ever become unable to make a decision for yourself. If you have registered a Lasting Power of Attorney please provide their contact details below.

Name:

Address:

Telephone number:

Relationship to me:

Name:

Address:

Telephone number:

Relationship to me:

## Other things I want to consider

## Best Interest Discussion

Following DoH Guidance on consent it has been agreed that this person is unable to confirm their wishes in respect of their death.

To assist with this a meeting has taken place with their representatives (family, staff) to complete this plan on their behalf.

Who was involved in the discussion? (Print name and title).	
Plan completed by	

# Changing My Plan

(Please write the changes and date of change)

Signature:  
Date:

Signatures on the behalf of:  
Date:

Signature:  
Date:

Signatures on the behalf of:  
Date:



## Out of Hours Contacts

Name	Title / profession e.g. GP	Contact number

### **You're right to refuse specific treatment**

During discussion about your future care, you may want to talk about particular medical treatment which you do not want to have. You can do this by making an advanced decision to refuse treatment.

This may include specific treatment such as drugs or emergency treatment / do not resuscitate.

Talk to your doctor who will support you to complete the appropriate forms.

### **Who needs to know about an advanced decision to refuse treatment?**

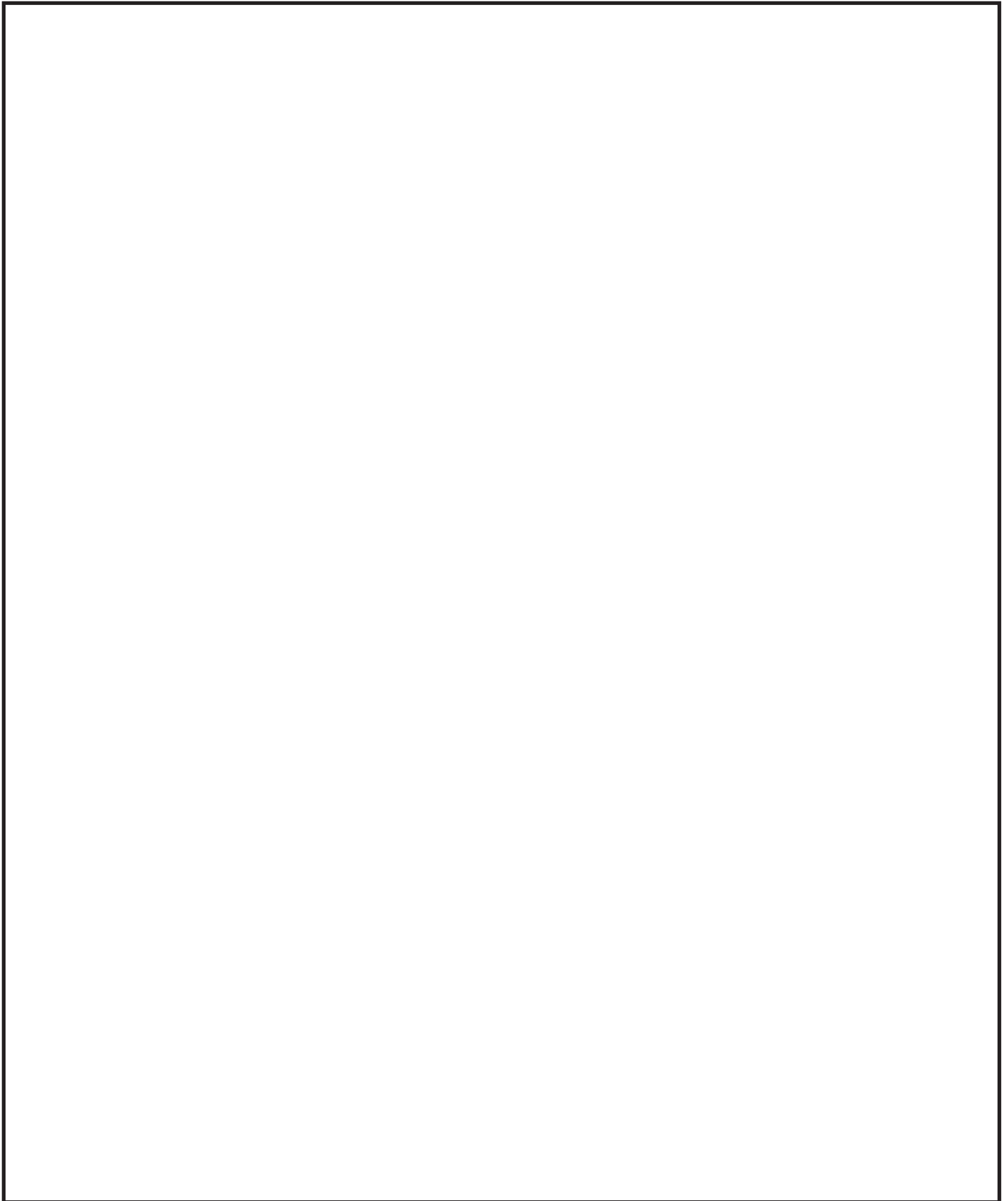
Doctor	
Care provider	

## What Documentation Do / Will I Need To Complete?

The person centred advanced statement	
<ul style="list-style-type: none"> <li>• ADRT - Advanced decision to refuse treatment</li> <li>• DNACPR - Do not attempt cardiopulmonary resuscitation</li> </ul>	
Authorising a lasting power of attorney	

The original copy of the Advanced decision to refuse treatment (ADRT) and, if applicable, the do not attempt cardiopulmonary resuscitation (DNACPR) form must be given to your care provider who will keep it safe and confidential.

## Other things I want to know

A large, empty rectangular box with a black border, intended for the user to write their answers to the question 'Other things I want to know'.

**Please note that this booklet is not legally binding and could be contested in a court of law.**

