



My Advance Care Plan (Please Complete in English)

My Gevorderde Sorg Plan (Voltooi asseblief in Engels)

Last name: / *Van:* _____

First name: / *Voornaam:* _____ Date of birth / *Geboortedatum* ____ / ____ / ____

Address: / *Adres:* _____

My Advance Care Plan is a record of your advance care planning discussion and a way of informing those who are caring for you of your preferences. Your preferences may not necessarily be health related but will guide your treating health professionals, Enduring Guardian and or family as to how you wish to be treated including any special requests or messages.

Please note: Should you wish to make legally binding treatment decisions, it is recommended that you record these decisions in an Advance Health Directive. You may also wish to give consideration to appointing an Enduring Guardian to make personal, lifestyle and treatment decisions on your behalf. See the Guide for further detail.

I have given a copy of my Advance Care Plan to:

My Gevorderde Sorg Plan is 'n rekord van jou gevorderde sorg beplanning, kommunikasie en 'n wyse om diegene wat jou versorg van jou voorkeure in kennis te stel. Jou voorkeure mag nie noodwendig in verband met jou gesondheid wees nie, maar sal as 'n gids gebruik word deur jou gesondheidsbehandelings personeel, voordurende voog of familie oor hoe jy behandel wil word en enige spesiale versoeke of boodskappe.

Let wel: Indien jy regtensafdwingbare behandelingsbesluite wil maak word dit aanbeveel dat jy hierdie inligting op skrif stel in 'n Gevorderde Gesondheids Opdrag (AHD). Jy mag dit ook oorweeg om 'n Voordurende Voog aan te stel om persoonlike, lewenstyl- en behandelingsbesluite namens jou te maak. Sien die Gids vir verdere besonderhede.

Ek het 'n afskrif van my Gevorderde Sorg Plan gegee aan:

| Full name / <i>Volle name</i> | Telephone / <i>Telefoon</i> | Mobile / <i>Mobielefoon</i> | Relationship to me / <i>Verwantskap</i> |
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MR00H.01 MY ADVANCE CARE PLAN – AFRIKAANS

I have completed one or more of the following:
Ek het een of meer van die volgende voltooi:

Advance Health Directive
Gevorderde Gesondheids Opdrag

Yes/No (please circle)
Ja/Nee (omsirkel aseblief)

I have stored a copy at: / *Ek het 'n afskrif gestoor by:* _____

A copy can also be obtained from: / *'n Afskrif kan ook verkry word vanaf:*

Name: / *Naam:* _____

Telephone: / *Telefoon:* _____

Enduring Power of Guardianship
Voortdurende Voogdyskap Volmag

Yes/No (please circle)
Ja/Nee (omsirkel aseblief)

I have stored a copy at: / *Ek het 'n afskrif gestoor by:* _____

A copy can also be obtained from: / *'n Afskrif kan ook verkry word vanaf:*

Name: / *Naam:* _____

Telephone: / *Telefoon:* _____

Enduring Power of Attorney
Voordurende Volmag

Yes/No (please circle)
Ja/Nee (omsirkel aseblief)

I have stored a copy at: / *Ek het 'n afskrif gestoor by:* _____

A copy can also be obtained from: / *'n Afskrif kan ook verkry word vanaf:*

Name: / *Naam:* _____

Telephone: / *Telefoon:* _____

Will
Testament

Yes/No (please circle)
Ja/Nee (omsirkel aseblief)

I have stored a copy at: / *Ek het 'n afskrif gestoor by:* _____

A copy can also be obtained from: / *'n Afskrif kan ook verkry word vanaf:*

Name: / *Naam:* _____

Telephone: / *Telefoon:* _____

Preferences for my future care

These are my preferences, in relation to my future care.
Please refer to the *Advance Care Planning Guide for Patients*.

Voorkeure vir my toekomstige behandeling

*Hierdie is my voorkeure ten opsigte van my toekomstige sorg.
Verwys asseblief na die *Gevorderdesorg Beplanningsgids vir Pasiënte*.*

Other outcomes of the Advance Care Planning conversation:

For example, you may have considered completing other relevant legal documents such as an Advance Health Directive or Enduring Power of Guardianship or you may have decided to become an organ donor.

*Ander resultate vanaf my *Gevorderde Sorg* gesprek:*

*Jy mag byvoorbeeld besluit het om the relevante regsdokument to voltooi soos byvoorbeeld 'n *Gevorderde Sorg Gesondheids Opdrag, Voordurende Volmag, of Voordurende Voogdyskap Volmag* of jy mag besluit om 'n *Orgaan Skenker* te word.*

| Outcome / Resultaat | Description / Beskrywing |
|---------------------|--------------------------|
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If I have lost capacity or am approaching end of life, where practical and appropriate, I would prefer to be cared for:

Indien ek my denkvermoë verloor het of die einde van my lewe nader, waar prakties en toepaslik, sal ek verkies om as volg behandel te word:

Initial the option you prefer: / *Merk die opsies wat jy verkies:*

In my usual home: / *In my woning:* _____

At a family member's home: / *By 'n familielid se woning:* _____

At a hospice or palliative care unit / *By 'n hospice of paliatiewe eenheid*

In hospital / *In 'n hospitaal*

On country (for Aboriginal and Torres Strait Islanders) / *In 'n streeksgebied (vir Aboriginal en Torres Strait Islanders)*

At another place: / *Op 'n ander plek:* _____

I would like to leave the following message(s)

For example: I am a carer for my partner/family member or I would like the following person to care for my pet, or I would like a particular song played or I would like a particular complementary therapy to be used or I would like my family to respect my preferences to be an organ donor etc.

Ek wens die volgende boodskap(pe) te laat:

Byvoorbeeld: Ek versorg my gade/familielid of ek sal verkies dat die volgende person my troeteldier te versorg, of ek verkies om 'n spesifieke lied te speel, of 'n besondere komplimentêre terapie te beproef of ek sal versoek dat 'n familielid my wense respekteer ten opsigte van 'n orgaan skenking ens.

Signed: / *Geteken:* _____ Date: / *Datum:* ____ / ____ / ____

This document can be made available in alternative formats on request for a person with disability.
Hierdie dolument kan vir 'n persoon met 'n bebrek in verskillende formate beskikbaar gestel word.

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