



XY000240

My Advance Care Plan

Last name: _____

First name: _____ Date of birth ____ / ____ / ____

Address: _____

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 wishes. Your wishes 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:

Full name	Telephone	Mobile	Relationship to me

MR00H.01 MY ADVANCE CARE PLAN

I have completed one or more of the following:

Affix patient ID
label here

Advance Health Directive

Yes/No (please circle)

I have stored a copy at: _____

A copy can also be obtained from:

Name: _____

Telephone: _____

Enduring Power of Guardianship

Yes/No (please circle)

I have stored a copy at: _____

A copy can also be obtained from:

Name: _____

Telephone: _____

Enduring Power of Attorney

Yes/No (please circle)

I have stored a copy at: _____

A copy can also be obtained from:

Name: _____

Telephone: _____

Will

Yes/No (please circle)

I have stored a copy at: _____

A copy can also be obtained from:

Name: _____

Telephone: _____

If I have lost capacity or am approaching end of life, where practical and appropriate, I would prefer to be cared for:

Initial the option you prefer:

- In my usual home: _____
- At a family member's home: _____
- At a hospice or palliative care unit
- In hospital
- On country (for Aboriginal and Torres Strait Islanders)
- At another place: _____

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 wishes to be an organ donor etc.

Signed: _____ Date: ____ / ____ / ____

This document can be made available in alternative formats on request for a person with a disability.

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