

# My Future Wishes Plan



## ADVANCE CARE PLANNING

PLANNING FOR YOUR  
FUTURE CARE

THIS IS ME

My name is:

These are my wishes for my future care and my care towards the end of my life

**Please respect my wishes**

**PLEASE ASK BEFORE YOU READ THIS BOOKLET**



## About this booklet

We will always ask you what you want but if you can't tell us, we will use this booklet to help make decisions for you



This booklet is about you  
It is about what you want



It is about how you want to be supported  
towards the end of your life



It can be difficult to talk about things like  
this



Sometimes we need to make plans so  
that others know how to support us



Ask someone you trust to help you with  
this booklet



This is not a legal document  
It is a guide



It may help you if you have a hospital  
passport as well



It can be changed or reviewed at any  
time



Your ideas might change



Your health needs might change



Talk to your supporters if you need help  
to change anything in this booklet

I have needed help in writing this plan and in making some decisions

Tick your choice

Yes



No



**These are the people who helped me with this plan:**

**Write, draw or add photos**

This plan has been written for me by people that know me well, this is called acting in my best interests, following a Mental Capacity Act Assessment, please add in the date and names of those included:



# People who are important to me: Write, draw or add photos



**People I want to support me if I am very ill and coming towards the end of my life:  
Write, draw or add photos**



**Professionals who are supporting me during this time:**

**Write, draw or add photos**

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**Where I would like to be cared for if I become very ill:**

**Write, draw or add photos**

These are my wishes and I am aware that places might not be available



## Where I would like to be at the end of my life: Write, draw or add photos

These are my wishes and I am aware that places might not be available

A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.



# Lasting Power of Attorney



A Lasting Power of Attorney is someone who knows you very well and understands what is important to you



They have been approved by the Office of the Public Guardian



They can make decisions on your behalf if you are too ill to make them yourself



My Lasting Power of Attorney for Health and Welfare is:

Contact details:



My Lasting Power of Attorney for Property and Finance is:

Contact details:



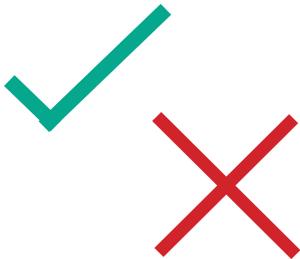
## Court Appointed Deputy



A court appointed deputy is a person who knows you very well



A judge has agreed that they can make decisions on your behalf



They can make decisions about your money and belongings and / or about any treatment you have or how you are looked after



My Court Appointed Deputy is:



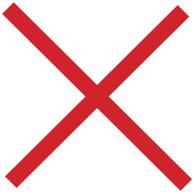
Their contact details:



**Things I would like to happen with my future care:  
Write, draw or add photos**

These are my wishes and I am aware that some things might not be possible

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## Things I do not want to happen with my future care:

**Write, draw or add photos**

These are my wishes and I am aware that some things might not be possible



## Things you should know about me



I have an Advance Decision to Refuse Treatment  
Please give details of where this is kept:



I have a Lasting Power of Attorney  
Please give details of where this is kept:



I have a Will  
Please give details of where this is kept:



I have a pre-paid funeral plan  
Please give details of where this is kept:



I have a life insurance policy  
Please give details of where this is kept:



## More things you should know about me: Write, draw or add photos

For example:

- I want to donate my organs
- I have beliefs and values (faith, religion and culture) around life and death which might affect what happens to me



# Things that are important to me and the plans I have for them: Write, draw or add photos

For example:

- pets
- jewellery
- books
- car

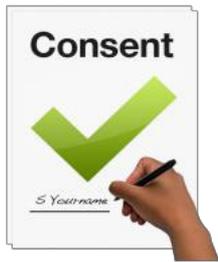


# When I die this is how I want my life to be celebrated:

## Write, draw or add photos

For example:

- Whether I want to be buried or cremated
- Music I would like played at my funeral
- Flowers I would like at my funeral



I would like this booklet to be shared with:



Date this booklet was completed:

My name:



My signature:

Date:

My supporter's name:



My supporter's signature:

Date:



## Reviewing my booklet

Please record each time this booklet is reviewed or changed for example, if your health or wishes change

Name:

Signature:

Date:

Relationship to me, if not signed by me:

What changes have been made:

Name:

Signature:

Date:

Relationship to me, if not signed by me:

What changes have been made:



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**Here is a space for your notes**

An electronic version of this booklet is available, for this or further copies please visit:

[www.nhft.nhs.uk/eoldevelopment](http://www.nhft.nhs.uk/eoldevelopment)

Northamptonshire Healthcare NHS Foundation Trust would like to thank the following organisations for their support.



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IN DYING.**  
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Inspected and rated

Outstanding



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If you require this leaflet in other formats or languages please contact PALS: 0800 917 8504

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0800 917 8504 নম্বরে পালস এর সাথে যোগাযোগ করুন

Jeżeli się Państwo zainteresowali otrzymaniem tych informacji w innym formacie lub języku,

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub języku,

prosimy o kontakt z PALS pod numerem telefonu 0800 917 8504.

Dacă aveți nevoie de acest prospect în alte formate sau limbi, vă rugăm să contactați PALS: 0800 917 8504

Если Вы хотели бы получить данную брошюру на другом языке или в другом формате, просим обращаться в PALS (Информационная служба для пациентов) по 0800 917 8504.