

My Care, My Way

What's important to me about my care

This is not a legally binding document, but will help inform a decision in your best interests, should the need arise. It is useful to discuss this with your family/carers so they are aware of your decisions



Your answers to the following questions may change. This is your care plan and you can review and amend the contents at any time (please refer to the My Care My Way Leaflet for further guidance around completing your plan).



Name:

Preferred name:

Address:

Email:

Tel:

Date of Birth:

Your GP name:

Address: Haughton Thornley Medical Centres, Thornley St, Hyde, SK14 1JY

Tel:0161 367 7910

Your Named Spokesperson – Who would you like professionals to speak to about your care if you couldn't speak for yourself (if no Lasting Power of Attorney has been appointed)?

Name:

Relationship to you:

Address:

Tel:

***Have you appointed a Lasting Power of Attorney to make decisions for you if you become unable to do so?**

*Lasting Power of Attorney for: Health and welfare Finance and Property

Name:

Tel:

Relationship to you:

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If you do **not** wish any information about your care to be shared with certain person/s, please note here.

Please do NOT share any information about my care with:

Name:

Relationship to you:

How would you describe your health at the moment?

Date of entry

Thinking about your care and wellbeing, what is most important to you?

Date of entry

What makes a good day for you?

Date of entry

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fo
1.
2.
3.

Is there anything that might get in the way of you being able to achieve your goals?

Date of entry

<p>What are your hopes for your care, now and in the future? <i>(These may include where you would like your care to be, who you would like involved, treatments you would or wouldn't like, wishes around your personal care, choices)</i></p>	<p>Date of entry</p>
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<p>Is there anything you want to avoid happening in the future? <i>(There may be something you are worried about happening)</i></p>	<p>Date of entry</p>
<p>Have you considered making an Advance Decision to Refuse Treatment <i>(An Advance Decision to Refuse Treatment (ADRT) is a written statement of your wishes to refuse a particular treatment in a specific situation. It is a way of making sure that everyone knows what treatment you don't want to have if you're unable to make your own decisions in the future.)</i></p>	
<p>Would you like support with this? (If yes, document action taken)</p>	



What brings you comfort and helps you cope? When you are having a 'bad day', what can help to make it better?

Date of entry

What traditions, needs or spiritual beliefs are important to you or to your loved ones (if any)?

(These may include faith and religious beliefs, what gives you strength, cultural beliefs/traditions, music, nature, rituals)

Date of entry

If you should become ill and need care in the future, where would you most like to be cared for?

Date of entry

1st choice:

2nd choice:

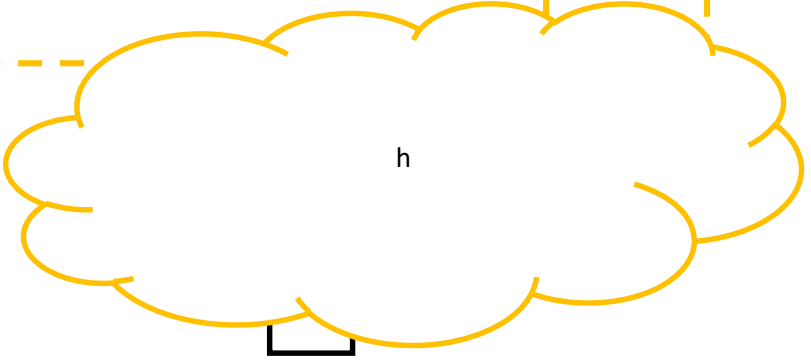
Comments:

*Have you thought about where you would like to spend the last days of your life?

Yes/No If so, where would this be?



Have you had a conversation with a Health Professional or loved one around DNACPR (do not attempt cardio pulmonary resuscitation)?	Date of entry
Would you like help with this? (if yes, document action taken)	



Are you currently registered on the organ donor register?

Yes No

(You can find information relating donor registry in the enclosed leaflet)

Have you made a Will or any funeral plans? Who is aware of this and where is it?	Date of entry
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Do you have any special requests, preferences or other comments?	Date of entry
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Do you consent to this information being shared with Health and Social Care Professionals for the purpose of meeting your wishes, if you cannot voice them yourself?

Yes/No

Named personnel only (Include names, contact details, roles):

If someone is helping you to write down your wishes in this care plan, they should put their details here.

Name:

Relationship to you/role:

Address:

Tel:

Signature:

Signature of person this future care plan is about:

Date:

Name:

You may wish to note down here other people involved in your care, such as a district nurse, specialist nurse or Dr, carer, spiritual support, social worker.

Name & Role:

Contact Details: