

**Form A**

**ADVANCE STATEMENT**

**Important note for health and social professionals**

Advance statements are not legally binding but should be taken into account if the person lacks capacity to express their wishes and a best interest`s decision needs to be made on the person behalf in relation to their care needs, where they would like to be cared for and who they would like to be involved in their care.

If it is not possible to follow a person wishes clear reasons for this must be documented as part of the best interest`s process.

**Discussion with people involved in your life**

Before writing down your wishes, you may want to talk through your plans with your family or a close friend. This can be particularly helpful if you want then to be involved in your care. You may also wish to discuss your wishes with a health care professional such as your GP, nurse or social worker. It is important to discuss whether your wishes are realistic.

**Part 1 - My details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **NHS number (or other identifier)** |  |
| **Address and postcode** |  |
| **Phone** |  |
| **Email address** |  |

**Part 2 - My wishes**

|  |
| --- |
| **My priorities, special requests or preferences about future care (including details of my wishes, feelings, faith, beliefs and values are listed below:** |
|  |

|  |
| --- |
| **Where I would like to be care for if my condition deteriorates:** |
|  |

|  |
| --- |
| **The things I would prefer not to happen to me:** |
|  |

|  |  |
| --- | --- |
| **Who I would like to be consulted when decisions need to be made on my behalf** | |
| **Name** |  |
| **Address** |  |
| **Contact details** |  |
| **Relationship** |  |

It is recommended that the information detailed in this statement is shared with the relevant health and social care professionals who are involved in your care. Unless people know what is important to you, they won`t be able to take your wishes into account.

**Are you happy to share the information?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Part 3 - My signature**

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**Part 4 – Changes to your wishes**

You should regularly review this statement to make sure it still represents your wishes and preferences.

In the box below you should make a note of any changes you want to make. Each change must be signed and dated. Make sure all interested parties (for example, your family, friends and any health and social care professionals involved in your care) are told about any changes.

|  |  |
| --- | --- |
| **Details of changes made** | |
|  | |
| **Signature** | **Date** |
|  |  |

|  |  |
| --- | --- |
| **Details of Changes made** | |
|  | |
| **Signature** | **Date** |
|  |  |

|  |  |
| --- | --- |
| **Details of Changes made** | |
|  | |
| **Signature** | **Date** |
|  |  |

**It is important to let your family, carers and any professional involved in your health and social so remember to keep this document safe.**