

## Notification of Advance Care Planning

<p><b>Current Address:</b></p> <p>NOK Address:</p>	<p>Patient Label, or complete:  <b>Name:</b>  <b>D.O.B:</b>  <b>Trust ID no:</b>  <b>NHS Number:</b>  Nominated NOK and relationship?</p>																																		
<p><b>Is there an existing Lasting Power of Attorney for Health and Personal Welfare? Yes/NO</b>  <b>If Yes, please enter their name and contact details:</b></p> <p>Following a discussion about your future care, your Advance Care Plan includes the following documents:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1. Provision of the 'Planning for your future care – A Guide' booklet</td> <td style="width: 20%; text-align: right;">Yes/No</td> </tr> <tr> <td>2. Preferred Priorities for Care</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>3. Advance Statement of Wishes &amp; Preferences</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>4. An Advance Decision to Refuse Treatment</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>5. Referral and advice on appointing a Lasting Power of Attorney</td> <td style="text-align: right;">Yes/No</td> </tr> </table> <p>I consent to my Advance Statement and/or Advance Decision to Refuse Treatment and/or Lasting Power of Attorney being shared with the healthcare professionals indicated below.</p> <p>Signature: _____ Name: _____ Date: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 50%;">Named Healthcare Professional (HCP)</th> <th style="width: 40%;">Role/Team</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Hospital Health Records</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>General Practitioner</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>District Nurse</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Care Home</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Community Palliative Care Team</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Out of Hours GP Service</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Other (please state)</td> </tr> </tbody> </table>		1. Provision of the 'Planning for your future care – A Guide' booklet	Yes/No	2. Preferred Priorities for Care	Yes/No	3. Advance Statement of Wishes & Preferences	Yes/No	4. An Advance Decision to Refuse Treatment	Yes/No	5. Referral and advice on appointing a Lasting Power of Attorney	Yes/No		Named Healthcare Professional (HCP)	Role/Team	<input type="checkbox"/>		Hospital Health Records	<input type="checkbox"/>		General Practitioner	<input type="checkbox"/>		District Nurse	<input type="checkbox"/>		Care Home	<input type="checkbox"/>		Community Palliative Care Team	<input type="checkbox"/>		Out of Hours GP Service	<input type="checkbox"/>		Other (please state)
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<p><b>This phase of my Advance Care Planning process was completed by:</b></p> <p><b>Name:</b> _____ <b>Organisation/Role:</b> _____ <b>Bleep no:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____</p> <p>Subsequent updates have been completed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date:</th> <th style="width: 25%;">By whom:</th> <th style="width: 25%;">Organisation/role:</th> <th style="width: 35%;">Confirmation that they will inform HCPs above of the amendments with my consent</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Date:	By whom:	Organisation/role:	Confirmation that they will inform HCPs above of the amendments with my consent																														
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