

# Advance Care Planning

*Please consider all questions on this form. Cross out section/s you do not wish to answer at this time. Remember to make copies of this form and give to your GP, your family and trusted friends.*

## A. Advance Care Directive

The following has been prepared by me to guide decision-making for health, medical and lifestyle decisions should I be unable to speak for myself.

Name:

Date of Birth:

Address:

**OR**

## B. Advance Care Plan

The following has been prepared by a proxy. It is based on information provided to the proxy in the past and is a best estimate of what the person (named below) may have wanted as far as their health, medical and lifestyle decisions.

Name:

Date of Birth:

Address:

Proxy Name

Relationship:

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If I cannot speak for myself, I would like my doctor to talk about my healthcare and medical problems with the following person/s.

Name:

Contact No:

Name:

Contact No:

### Legal Appointments

#### Enduring Guardian (for health decisions)

Yes

No

Person Appointed:

Name:

Contact No:

Legal Documents held by:

Name:

Contact No:

#### Enduring Power of Attorney (for money/finance decisions)

Yes

No

Person Appointed:

Name:

Contact No:

Legal Documents held by:

Name:

Contact No:

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Name (or proxy):

Signature:

Date:

Witness Name:

Signature:

Date:

Review Dates:

# Personal Values

Please consider the following personal values statements.

Note: If written by a proxy, they should consider what the person (they) would have chosen for themselves. The proxy can cross out this section if they cannot answer on behalf of the person.

I (They) would find life to be **acceptable** (even if difficult) OR **unbearable** if, **for the rest of my (their) life:**

I (They) do not recognise family and loved ones	Acceptable	Unbearable
I (They) do not have control over bladder and bowels	Acceptable	Unbearable
I (They) cannot feed myself (themselves) and cannot wash myself (themselves) and cannot do my (their) own person grooming and dressing	Acceptable	Unbearable
I (They) can no longer eat or drink and need to have food given to me (them) through a tube in the stomach	Acceptable	Unbearable
I (They) cannot talk, read and write	Acceptable	Unbearable
I (They) can never have a conversation with other because I (they) do not understand what people are saying	Acceptable	Unbearable
I (They) do not get enjoyment from many of the things that I (they) have always enjoyed	Acceptable	Unbearable

If I am (they are) very sick or badly injured and others need to make decisions for me, please consider the following statements when make decisions:

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## Cardio Pulmonary Resuscitation (CPR)

If my (their) heart or breathing stops due to old age or irreversible (not curable) health problems my (their) choice, if CPR is a treatment option would be:

Please try to restart the heart and/or breathing (**attempt CPR**)

Please allow me (them) to die a natural death. Do not try to restart the heart or breathing (**No CPR**)

I cannot answer this question. Let the doctor decide.

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Name (or proxy):

Signature:

Date:

Witness Name:

Signature:

Date:

Review Dates:

# Thinking about End of Life

Please tick the statement which is closest to your personal belief at the time of preparing this document.

Note: The following table may not be appropriate for a proxy to complete.

I am frightened of dying and do not want to think about it happening to me or my loved ones. I do not discuss death or dying with others.

Dying is a fact of life. You just have to deal with it when it happens. I hope that I can talk about it with loved ones before my time comes.

Dying is a natural part of life. I am comfortable discussing death and dying with my loved ones and others. I want to be prepared for when my time comes.

When my (their) time for natural dying comes, if possible I (they) would like to be cared for:

At home or in a home like environment.

In a hospital or hospital like environment.

I (they) do not know. I am (they are) happy for the family/person responsible to decide.

Specific requests with regard to medical care. Tick the box and identify specific treatment limitations. If you (they) **do not** have any specific requests cross out this section.

I (they) **do not want** to have the following life prolonging medical treatments:

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## Personal, religious and spiritual care requests

If I am (they are) unable to communicate my (their) wishes, please consider that I (they) **would not want** to receive the following care:

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Name (or proxy):

Signature:

Date:

Witness Name:

Signature:

Date:

Review Dates:

# Request for organ and tissue donation

Please cross out this section if there is no request.

I (they) have registered as an **organ and tissue donor** with the Australian Organ Donor Register. Yes  No

My (their) organ donor registration number is

I (they) have discussed organ and tissue donation wishes with family and friends and they are aware of the decision. Yes  No

I (they) understand that my (their) donation wishes may, in some situations, require the use of life sustaining treatment in an intensive care unit. I (they) understand and accept that I (they) may receive this additional care so the donation wishes can be carried out. Yes  No

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# Request for body (cadaver) and other donation

I (they) have registered as a **cadaver/other donor**. Yes  No

Please contact the following number to arrange collection

I (they) understand that there may be specific instructions that need to be followed shortly after death for cadaver and/or other body part donation to occur. I (they) have discussed what needs to happen with family/friends. Yes  No

## Additional Items (if applicable)

The following items are important and need to be considered in any decisions that are made on my behalf:

Attach/complete an additional page for this section if required. Remember to sign, date and have witnessed.

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Name (or proxy):

Signature:

Date:

Witness Name:

Signature:

Date:

Review Dates:



**Health**  
Central Coast  
Local Health District

Adapted from the Advance Care Planning template developed by Hunter New England Health Service 2011