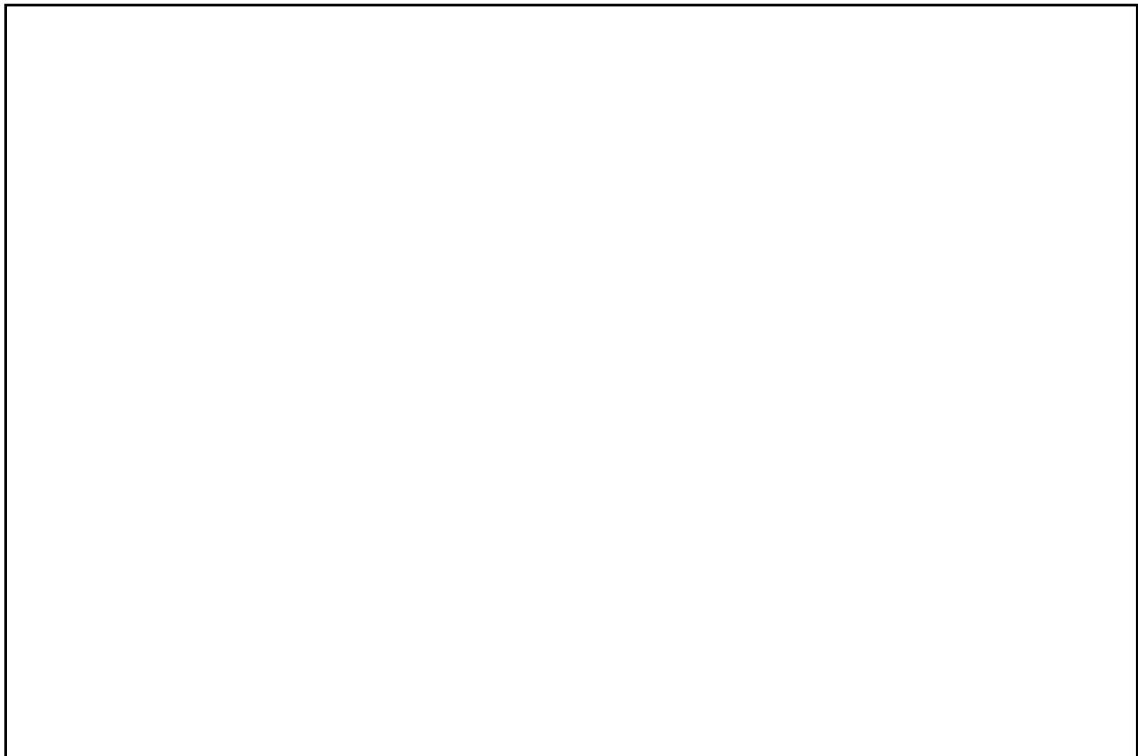


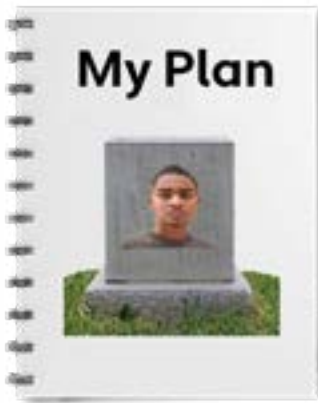
# **My End of Life Plan**

## **(My Advance Care Plan - ACP)**

What I want to happen at the end of my life



This is a picture of me



This is my plan.

It tells you what I want to happen if I get very ill and am going to die.



Please follow my wishes even if you do not agree with everything in my plan.



I have given my consent to make this plan, or it has been agreed in my best interests.

You can share this plan with others who support me.

# About Me



My name is:



My home address is:



I live with:



These people are important to me:



My next of kin is:



Their address and telephone number are:

My next of kin has Lasting Power of Attorney.

This means they can make decisions for me about:



- My health and welfare

☐

Yes

☐

No



- My property and financial affairs

☐

Yes

☐

No



I have a Court appointed Deputy.

This means they act on my behalf in my best interests.

☐

Yes

☐

No






I have a care co-ordinator.

☐

Yes

☐

No

	Name:	<input type="text"/>
	Address:	<input type="text"/>
	Telephone number:	<input type="text"/>



If I become very ill please tell the following people as soon as possible.

	Name:	<input type="text"/>
	Address:	<input type="text"/>
	Who they are to me:	<input type="text"/>

	Name:	<input type="text"/>
	Address:	<input type="text"/>
	Who they are to me:	<input type="text"/>

	Name:	<input type="text"/>
	Address:	<input type="text"/>
	Who they are to me:	<input type="text"/>

# My Health Professionals



These people may be involved in my care. They are my Doctor, my Community Nurse, my Dentist.



Name:

Address:

Their role:



Name:

Address:

Their role:





Name:



Address:

Their role:



Name:



Address:

Their role:



Name:



Address:

Their role:



I have a hospital passport.

☐

Yes

☐

No



I have a communication passport.

☐

Yes

☐

No



I have a DISDAT assessment.  
(Distress and Discomfort  
assessment tool)

☐

Yes

☐

No



These people helped me to write my advanced care plan.



These people were involved in writing this plan in my best interests.

# My Care



When I become very ill and am going to die I would like to be cared for:



At home

☐


In hospital

☐


In a care home

☐


In a nursing home

☐


In a hospice

☐


Other: for example at my parents' home



I might be worried about these things:



I might need support with these things:



I need these things to help keep me comfortable:

**DNACPR**



I have a DNACPR in place.

This means that if my heart stops beating I do not want staff to try to start it again. This is called CPR.

☐

Yes

☐

No



I want to be an organ donor.

☐

Yes

☐

No



During my final days I would like these things to be near me in my room:



Television

☐


Music

☐


Photos

☐


Other things special to me:

# After I die



I have made a Will.

☐

Yes

☐

No

My Will is kept at:



I have made a funeral plan.

☐

Yes

☐

No

My funeral plan is with:

# My Funeral Wishes



I would like to be buried.

☐

I would like to be cremated.

☐

I would like this type of coffin.



When I am in my coffin I would like to wear:





I would like my funeral service to take place at:



I would like my faith leader to lead the service.



I would like these people to read at my funeral:



I would like these readings or poems at my funeral.



I would like the following music or hymns.



I would like flowers at my funeral.

☐

Yes

☐

No



My favourite flowers are:



I would like people to donate money to this charity instead of buying flowers.



For my funeral I would like people to wear:

A large, empty rectangular box with a light blue background and a thin grey border, intended for the user to write their funeral wishes.

# After my Funeral



I would like people to gather together to celebrate my life.

☐

Yes

☐

No



I would like my celebration to be held at:



I would like to be buried at:



I would like you to do this with my ashes:

I would like my grave or my ashes to be marked by:



a headstone

☐


a plaque

☐


a cross

☐


a plant or bush

☐

# My Wishes for My Things



I would like these people to have these things:



Name:



Address:



What I want them to have:



Name:



Address:



What I want them to have:



Name:



Address:



What I want  
them to have:



Name:



Address:



What I want  
them to have:



I would like everything else to go to:



If I make changes to my plan I will write them below:



Date of change:



The changes are:



Date of change:



The changes are:





Date of change:



The changes are:



Date of change:



The changes are:



This plan has been based on the  
“When I Die” booklet produced by  
St Luke’s Hospice.

Registered charity number 289466

[stlukeshospice.com](http://stlukeshospice.com)