

Private and Confidential



When I Die

My End of Life Care Plan

Photo of me



This plan states the choices that I,
.....
have made for my end of life care.

This plan is for me to state my wishes and plans for my end of life care. It will also help people who are caring for me to know what my wishes are.

Please treat my personal wishes and care plan with respect.

The person that I chose to help me to complete this
is.....They are my.....

What's in my book?

<u>What's in my book</u>	<u>Page Number</u>
A bit about me	3.
The people who help me	4/5.
About my care	6.
The health professionals involved in my care	7.
My funeral wishes	8/10.
My wishes about my things when I die	11.
Other things important to me which I can add to my plan at anytime	12.
My review of my plan	13.
Additional page (if needed) The people closet to me	14.

I agree to share this plan with these people:

Name:	They are my:
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Name:	They are my:
-------	--------------

Name:	They are my:
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Name:	They are my:
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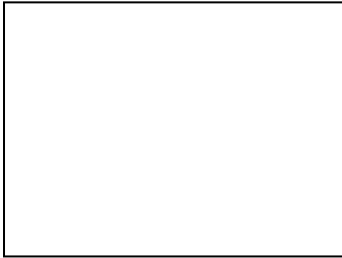
Anyone else:



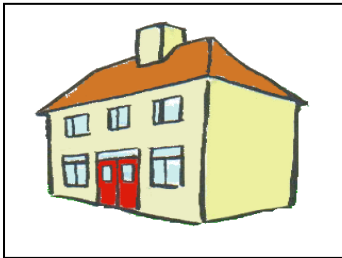
My end of life care plan was started on,

date:.....

A Bit About Me



My Name is

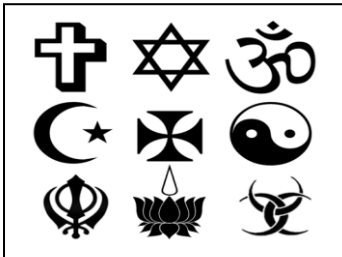


I live at

I live with



Tel:



My religion is



The name of my Priest/Religious leader to be contacted is



Tel:











I worship at:

People who are important to me

If my conditions changes, I would like these people to be told as soon as possible.

The People Closest to me

Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:
Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:
Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:
Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:

I have updated this page on:.....

These are the people who helped me to talk about what is important to me when I reach the end of life



My Keyworker is _____

 Tel: _____



My Advocacy Worker is _____

 Tel: _____




My Next of Kin is _____

 Tel: _____



My Home Manager is _____

 Tel: _____

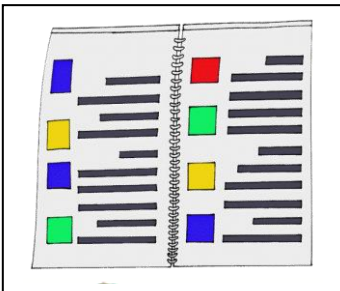
I have chosen.....to be my Power of Attorney.
They can make decisions on my behalf about.....
.....If I cannot.

I have updated this page on:.....

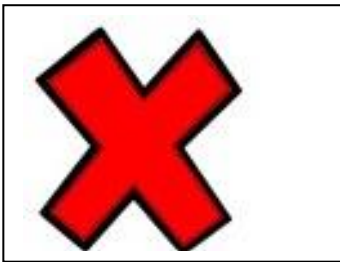
About My Care

If I can no longer be cared for at home I would like to be

In a Care Home I made this choice on.....	In a Hospice I made this choice on.....
--	--



When I need treatment care and support, this is what's important to me.



I **do not** wish to have this treatment or care



What is important to me to keep me safe and comfortable



I would like to help someone to live after my death by giving parts of my body

Yes

No

I have updated this page on:.....

These are the health professionals involved in my care
(these might be your GP, hospital consultant or district nurse)



Name:

Address:

They are (job)



Tel:



Name:

Address:

They are (job)



Tel:



Name:

Address:

They are (job)



Tel:



Name:

Address:

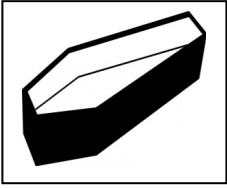
They are (job)



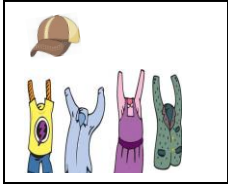
Tel:

I have updated this page on:.....

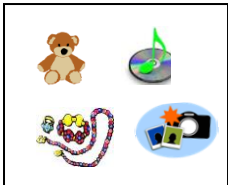
Funeral Wishes



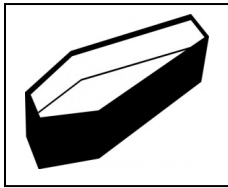
I would like my coffin to be



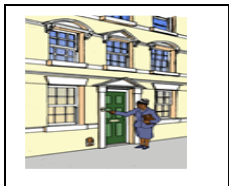
When I am in my coffin I would like to be dressed in



I would like these things to be put in my coffin with me



I have decided that I would like to be buried/cremated



I would like the service to take place at

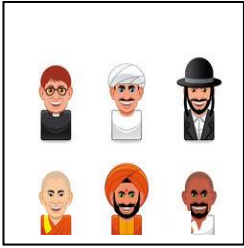


I want my burial/cremation to take place at



If cremated, I would like my ashes to be

I have updated this page on:.....

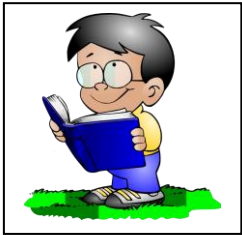


I would like my priest/religious leader

to take the service



Tel: _____

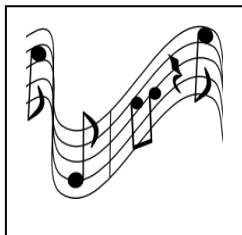


I would like readings that I have chosen or quotes about me to be read out by these people

1. _____ By: _____

2. _____ By: _____

3. _____ By: _____



I would like the following pieces of music to be played

1. _____

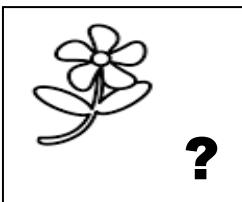
2. _____

3. _____



I would like flowers at my funeral

Yes No

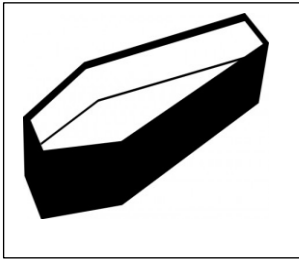


My favourite flowers are _____



If people want to donate money instead of flowers they can donate to _____

I have updated this page on:.....



I have got a funeral plan

Yes No

My funeral plan details:

Name of plan _____

Policy number _____

Agency address _____

Contact number _____



I have a life insurance policy Yes No

Name of plan _____

Policy number _____

Contact number _____



I have made a will Yes No

My will is kept with

Name _____

Address _____



Tel: _____

I have updated this page on:.....

My wishes about my things when I die

I would like these people to have these things

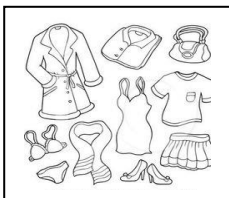
Name _____ Possession _____

Name _____ Possession _____

Name _____ Possession _____

Name _____ Possession _____

I would like the rest of my things to go to











I would like my clothes to go to

I have updated this page on:.....

Additional page (for optional use)

The People Closest to me

Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:
Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:
Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:
Name: Address: They are my.....  Tel:	Name: Address: They are my.....  Tel:

This tool was developed by St Luke's Hospice in consultation with Thurrock Lifestyles Solutions.

St Luke's Hospice, Basildon, Essex grants permission for other professionals to use the St Luke's Hospice 'When I Die?' tool in their practice and would be grateful that the Hospice logo is retained on all copies. For further information please contact: Supportive Care and Development manager on 01268 524973.



St Luke's Hospice



Thurrock Lifestyle Solutions