

# My Future Wishes



Name: .....Date: -- / -- / --



Review on: .....














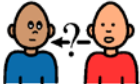

Your Photograph

You can fill in as little or as much as you would like on this form



Please treat this document with respect

# Information About Me

<p><b>About me</b></p> 	<p>My name is</p> 	<p>I live at</p> 
	<p>My birthday is</p> 	<p>My phone number is</p> 
<p><b>My religion/spirituality</b></p> 	<p>My religion/spirituality is</p> 	<p>That person can be contacted at</p> 
	<p>Name of Priest/Holy Man/Vicar to be contacted is</p> 	<p>The phone number is</p> 
<p><b>Important people to involve</b></p> 	<p>Family/carer/advocate/friend is</p> 	<p>They live at</p> 
	<p>The relationship to me is</p> 	<p>The phone number is</p> 

# People who help me



Family

Name .....

Name .....



Care Manager

Name .....



GP

Name .....



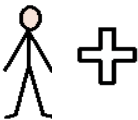
Psychiatrist

Name .....



Community Nurse

Name .....



Macmillan Nurse

Name .....



Occupational  
Therapist

Name .....



Physiotherapist

Name .....

Other people who help me:



.....

.....

.....

# What I would like if I am very ill



If possible I would like to be cared for at:

Home 


Hospital 

Hospice 

Other 

.....

I would like to keep in touch with or have visits from:

My Family and friends 

.....



**Have you already made any 'advance decisions'?**

Yes  No

If yes, where is the information held?

.....



**Have you got lasting Power of Healthcare Attorney?**

Yes ✓  No ✗

If yes, where is the information held?

.....

Read this section with support.

Plans for after I have died:



I would like to be.....



Buried



Cremated

I have a place in a family burial plot or have purchased a plot.

✓ Yes

✗ No

✓ If **yes** details

.....

.....

.....

.....



If **no** I would like to be buried at:

.....

.....

.....

I would like to be cremated at:

.....

.....

.....

.....



Ashes

I'd like my ashes to be:

.....

.....

.....

.....

# Plans for after I have died:



## About my funeral service



I would like to have my funeral service held at:



I would like ..... to conduct my service.



Address & Telephone Number:

.....

I would like the following reading, poem or story to be read/or I would like you to help me choose one:



1. ....
2. ....
3. ....

I would like the following pieces of music to be played/ or I would like you to help me choose some:



1. ....
2. ....
3. ....

# Plans for after I have died...



About my funeral service



I would like the following things to be placed in my coffin with me:



1. ....
2. ....
3. ....

I would like to have.....



Flowers



Donations



Other

.....

My favourite flowers are / please help me choose? ...



.....







I would like my donations made to/ please help me choose...








.....

# Plans for after I have died



<p><b>I have made a will</b></p> 	<p>✓ Yes <input type="checkbox"/>                      ✗ No <input type="checkbox"/></p>	
	<p>If <b>yes</b>, my will is kept with</p> <p>✓ Name </p>	<p> Address</p>
	<p> Telephone Number</p>	<p> Relationship to me</p>
	<p>If <b>no</b>, I would like help to make a will</p> <p> ✓ Yes <input type="checkbox"/>                      ✗ No <input type="checkbox"/></p>	

<p><b>I have got a funeral plan and paid for my funeral</b></p> 	<p>✓ Yes <input type="checkbox"/>                      ✗ No <input type="checkbox"/></p>	
	<p>If <b>yes</b>, my plan is kept with:</p> <p>Name of plan</p>	<p> Agency Address</p>
	<p> Contact Number</p>	<p> Policy Number</p>
	<p>If <b>no</b>, I would like help to make a funeral plan</p> <p> ✓ Yes <input type="checkbox"/>                      ✗ No <input type="checkbox"/></p>	



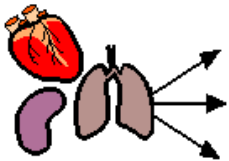
# Plans for after I have died...



## Advance decision to refuse treatment (ADRT)

Sometimes people might say no to having a certain type of medical treatment, you might need some help to fill in a form to make sure you understand. A doctor will help you.

(Remember you don't need to fill in all the sections in this form)



### Organ donations:

I have registered as an organ donor

✓ Yes

✗ No



If yes, my donation card is kept.....

If no, I would like to become an organ donor



✓ Yes

✗ No



**Please note: In spring 2020, everyone will be an Organ Donor - unless you 'Opt out' by telling your doctor you do not want to do this.**

# Best Interests Meeting/Discussion

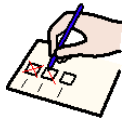


It has been agreed that ..... is unable to confirm their wishes in respect of their death due to their lack of mental capacity.

To assist this, a meeting/discussion has taken place with their representatives (family, staff) to complete this plan on their behalf.

Who came to my meeting? 	1		5	
	2		6	
	3		7	
	4		8	
Who could not come? 				
	1		4	
	2		5	
	3		6	

Plan completed by: .....



.....



Date plan initiated: --/~/-- .....



Review dates & details of any changes


# Summary Sheet



 Issues	 Actions needed	 Who will help	 Desired outcome

**Please telephone 01904 725566 or email: [access@york.nhs.uk](mailto:access@york.nhs.uk) if you need this information in another format or language.**

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