



Bolton Clinical Commissioning Group



Bolton Hospice
caring from the heart



Bolton
NHS Foundation Trust

What's Important to me...

Planning my future care



This booklet was agreed in collaboration with the following:

Patients, carers and service users of Bolton end of life care services and based on Salford Advance planning documents



Bolton NHS Foundation Trust



Bolton Hospice



Bolton Clinical Commissioning Group



Bolton Council





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Introduction

Nobody knows what will happen in the future. If you become ill or have an accident and need treatment and care, you may no longer be able to make decisions or tell people what's important to you.

That's why it's important to plan ahead and put down on paper what your wishes and preferences are.

Writing these down and letting people know what they are will help your family, carers, friends or professionals take care of you, in the way you would like.

This plan is not a legal document. If you do want to use it, keep it safe so people can find it and use it to follow your wishes and preferences.

You may already have planned ahead by writing your will. There are other legal options to think about on page 8

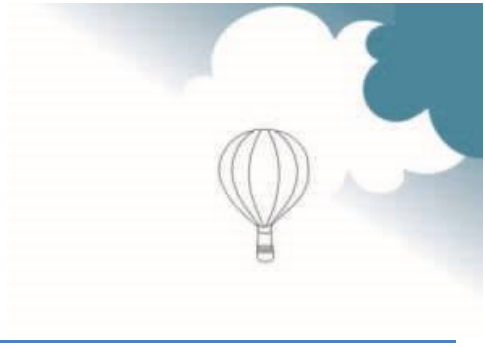
Completing the "what's important to me" section will help let people know your likes and dislikes. This is particularly important, for example, if you start losing your memory.

If you need help filling in this plan, ask a friend or relative. If you have a health or social care worker, you can ask them. You can also ask someone from voluntary organisations such as Age UK or Citizens Advice Bureau.

Please keep this document in a safe place with other important papers, perhaps keep this document in your district nursing file.

Remember to look at your plan and check it from time to time. You can update it, or write a new one. Let people know if anything changes and tell people you trust where they can find it.





My personal details

Name

I prefer to be called

Address.....

Date of birth

NHS number

My partner/husband/wife's name

Next of kin phone number

Next of kin email address

Religion /spiritual need /faith.....

Preferred first language

GP details

Solicitor's details





This is what's important to me

What matters to me now and in the future e.g. people, places, pets

Examples of ideas 'What would a good/bad day look like for you?' What are your concerns for the future?' If I could-I would.....'





My Future care

(This section is not legally binding but should be taken into consideration by family, carers, health and social care professionals)

These are my preferences and priorities for my future care.

This is where I want to be cared for if my health deteriorates.

If my health deteriorates, I give permission for my details to be shared with relevant health and social care professional so my wishes and preferences can be met **YES / NO**





Important papers and documents

Your Checklist	YES	NO
I am on the Organ/Tissue donor register		
I have completed and registered my Advance Decision to Refuse Treatment (ADRT) with my doctor		
I have discussed and agreed Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) with my doctor		
I have a Lasting Power of Attorney for health and welfare, it is registered with the office of Public Guardian		
I have a will		
I have a funeral plan in place		

Please keep these documents together so it is easier for others to find them. Tell people you trust where they can find these.





Important people to me

Please give details of those you can trust to follow your wishes and preferences

Name

Relationship

Contact details

They are aware or have copy of my plan **YES /NO**

Name

Relationship

Contact details

They are aware or have copy of my plan **YES /NO**

Name

Relationship

Contact details

They are aware or have copy of my plan **YES /NO**

Name

Relationship

Contact details

They are aware or have copy of my plan **YES /NO**





Professionals

Name

Role

Organisation

Contact details

They are aware or have copy of my plan **YES /NO**

Name

Role

Organisation

Contact details

They are aware or have copy of my plan **YES /NO**

Name

Role

Organisation

Contact details

They are aware or have copy of my plan **YES /NO**

