



My Advance Care Plan

Last name: _____

First name: _____ Date of birth: _____

Address: _____

- I have thought about what medical treatment will mean for me and have discussed it with my family, carers, and medical practitioners.
- This plan reflects my wishes and details my goals for my treatment and care.
- If I am unable to speak for myself, I have nominated someone to speak on my behalf.

Please use this plan to inform you about how I want to be treated if I can't do so myself.

In addition to this Advance Care Plan, I have also completed an:

Advance Health Directive. A copy can be obtained from:

1. Name: _____

Telephone: _____ Mobile: _____

2. Name: _____

Telephone: _____ Mobile: _____

Enduring Power of Guardianship. A copy can be obtained from:

1. Name: _____

Telephone: _____ Mobile: _____

2. Name: _____

Telephone: _____ Mobile: _____

My life goals

These are my specific wishes about what I would like to achieve before I die.

My goals for treatment and care

These are my thoughts and feelings about my care towards the end of my life:

I would like to leave the following special message

This is a special message for:

When I am dying, where practicable, I would prefer to be cared for at:

Initial the option you prefer

- _____ My usual home
- _____ A family member's home
- _____ A hospice or palliative care unit
- _____ In hospital
- _____ On country (for Aboriginal and Torres Strait Islanders)
- _____ Other place

When I am dying, where practicable, I would like the following treatments:

Initial the option you prefer

- _____ Palliative Care
- _____ Stop medications which do not add to my comfort
- _____ Stop medical interventions which do not add to my comfort
- _____ Complementary and alternative therapies e.g. _____
- _____ Attend to my spiritual needs e.g. _____

I would like the following life prolonging measures, if practicable:

Initial the option you prefer

- _____ Revived if my heart and/or breathing stops
- _____ Artificial feeding
- _____ Intravenous fluids
- _____ Antibiotics
- _____ Intubation and ventilation
- _____ Blood transfusion and blood products

I have given a copy of my Advance Care Plan to:

| Title | Full Name | Telephone | Mobile |
|----------|-----------|-----------|--------|
| Doctor | | | |
| Hospital | | | |
| Family | | | |
| Friend | | | |
| Other | | | |

I have also prepared the following to inform others about how to locate my Advance Care Plan or other Advance Care documents e.g. AHD, Living Will, EPG:

- ☐ Medic Alert Bracelet ☐ Alert card in my purse/wallet
- ☐ eHealth record ☐ Other

Signed: _____ Date: _____