

Is there anything in particular you would like or not like in your final days of life?
For example, photos, music, prayers.

Like

Not like

Is there someone from your cultural community or religious community that you would like to be informed if you are seriously ill? If so, please give that person's name and contact details.

Record of my wishes

About this document

You can use this document to help you think about the future. It gives you the chance to think about, talk about and write down how and where you would like to be cared for. It may help your family, friends or health and social care professionals understand your wishes and what is important to you.

You do not need to do this unless you want to. This document is not legally binding and cannot be enforced by law. Health and social care professionals will use a statement about your wishes to help guide decisions they make about your care.

When you have completed your document, keep it somewhere safe, and share it with anyone important to you or involved in your care. Remember to regularly review your wishes and keep them up to date.

This document is not for recording Advance Decisions to Refuse Treatment (ADRTs). There is more information about ADRTs on pages 52 to 63 of the **Your life and your choices: plan ahead** booklet. If you want to make an ADRT, talk to a health and social care professional involved in your care.

What should I include in this Record of my wishes?

You should include anything about your future care that is important to you or that you are worried about. It is a good idea to think about your beliefs and values, what you would and would not like, and where you would like to be cared for.

Who should I talk to about this Record of my wishes?

If you want to, it is helpful to involve people who you trust, such as your family and friends. They may be able to help you think through some of the issues, so you can plan ahead. You can also talk to the health and social care professionals looking after you. They can tell you more about support that might be available and about care options.

Who completed this form

Date completed

Is there anyone you want involved in decisions about your care if you become unable to make decisions for yourself?

If so, please provide their contact details below.

Name	Relationship to you
Address	Telephone number
Name	Relationship to you
Address	Telephone number

Your preferences and priorities

What things are important to you? What do people need to know to give you the best care and treatment? You may wish to consider:

- family
- friends
- faith/culture/beliefs/values
- interests.

What are your care preferences?

You may wish to consider:

- Where you would like to be cared for if you are very unwell, no longer able to look after yourself or when you are dying – for example, in a care home or hospice.
- How you would like to be cared for – for example, who would you like to look after you?

What are your hopes for your future care – for example, to stay at home as long as possible, or particular friends you want to see?

Things that would concern you about your future care – for example, who will look after any dependants or pets.