

My Future Wishes Plan



ADVANCE CARE PLANNING

PLANNING FOR YOUR
FUTURE CARE

DRAW OR ADD PHOTO

THIS IS ME

My name is _____

My date of birth is _____

These are my wishes for my future care and my care towards the end of my life

Please respect my wishes

THIS IS A PATIENT/CARER HELD DOCUMENT



About this booklet

We will always ask you what you want.

If you can't tell us, we will use this booklet to help us make decisions towards the end of your life.



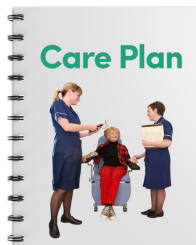
This booklet is about you
It is about what you want



Sometimes we need to make plans so
that others know how to support us



Ask someone you trust to help you with
this booklet



It is about how you want to be supported
towards the end of your life



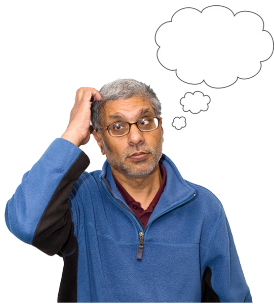
It can be difficult to talk about things like
this



This is not a legal document
It is a guide



It can be changed or reviewed at any
time



Your ideas might change



Your health needs might change



Talk to your supporters if you need help
to change anything in this booklet



Other personalised healthcare plans,
such as a hospital passport will help us
to make decisions

I have needed help in writing this plan and in making some decisions

Tick your choice

Yes



No



These are the people who helped me with this plan:

Write, draw or add photos

This plan has been written for me by people that know me well, this is called acting in my best interests, following a Mental Capacity Act Assessment, please add in the date and names of those included:



People who are important to me: Write, draw or add photos

A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.A large, empty rectangular box with a thin green border, intended for writing or drawing.



**People I want to support me if I am very ill or coming towards the end of my life:
Write, draw or add photos**



**People I would not want to support me if I am very ill or coming towards the end of my life:
Write, draw or add photos**



Professionals who are supporting me during this time:

Write, draw or add photos



Where I would like to be cared for if I become very ill:

Write, draw or add photos

These are my wishes and I am aware that places might not be available

A large, empty rectangular box with a teal border, intended for the user to write, draw, or add photos.A second large, empty rectangular box with a teal border, identical to the first one.

Where I would like to be at the end of my life:
Write, draw or add photos

These are my wishes and I am aware that places might not be available

A large, empty rectangular box with a teal border, intended for the user to write, draw, or add photos.A second large, empty rectangular box with a teal border, identical to the first one.



Lasting Power of Attorney



A Lasting Power of Attorney is someone who knows you very well and understands what is important to you



They have been approved by the Office of the Public Guardian



They can make decisions on your behalf if you are too ill to make them yourself



My Lasting Power of Attorney for Health and Welfare is:

Contact details: _____



My Lasting Power of Attorney for Property and Finance is:

Contact details: _____



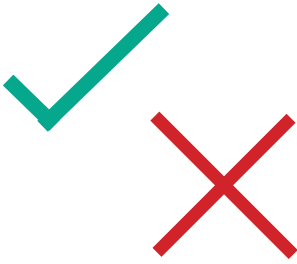
Court Appointed Deputy



A court appointed deputy is a person who knows you very well



A judge has agreed that they can make decisions on your behalf



They can make decisions about your money and belongings and / or about any treatment you have or how you are looked after



My Court Appointed Deputy is:



Their contact details:



**Things I would like to happen with my future care:
Write, draw or add photos**

These are my wishes and I am aware that some things might not be possible



**Things I do not want to happen with my future care:
Write, draw or add photos**

These are my wishes and I am aware that some things might not be possible



Things you should know about me



I have an Advance Decision (or a living will) to Refuse Treatment
Please give details of where this is kept:



I have a Lasting Power of Attorney
Please give details of where this is kept:



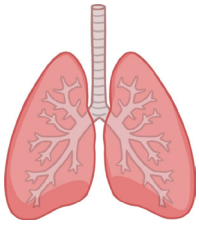
I have a Will
Please give details of where this is kept:



I have a pre-paid funeral plan
Please give details of where this is kept:



I have a life insurance policy
Please give details of where this is kept:



More things you should know about me: Write, draw or add photos

For example:

- I want to donate my organs
- I have beliefs and values (faith, religion and culture) around life and death which might affect what happens to me
- Things I might find difficult as part of my care (things I do not like happening to me or I do not like talking about) due to upsetting things that have happened in my life



Things that are important to me and the plans I have for them:



Write, draw or add photos

For example:

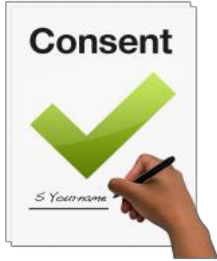
- pets
- jewellery
- books
- car



When I die this is how I want my life to be remembered / celebrated: Write, draw or add photos

For example:

- Whether I want to be buried or cremated
- Music I would like played at my funeral
- Flowers I would like at my funeral



I would like this booklet to be shared with:



Date this booklet was completed:

My name:



My signature:

Date:

My supporter's name:



My supporter's signature:

Date:



Reviewing my booklet

Please record each time this booklet is reviewed or changed for example, if your health or wishes change

Name:

Signature:

Date:

Relationship to me, if not signed by me:

What changes have been made:

Name:

Signature:

Date:

Relationship to me, if not signed by me:

What changes have been made:



Reviewing my booklet

Please record each time this booklet is reviewed or changed for example, if your health or wishes change

Name:

Signature:

Date:

Relationship to me, if not signed by me:

What changes have been made:

Name:

Signature:

Date:

Relationship to me, if not signed by me:

What changes have been made:

An electronic version of this booklet is available.

To view this or further copies please visit:

www.nhft.nhs.uk/eoldevelopment

Northamptonshire Healthcare NHS Foundation Trust would like to thank the following organisations for their support: Lincolnshire Partnership NHS Foundation Trust, Integrated Care Northamptonshire and Compassion in Dying charity organisation.



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PALS: 0800 917 8504**

এই লফিলটেট্টা যদি আপনার অন্য কোনো ফরম্যাটে
বা ভাষায় প্রয়োজন হয়, তবে অনুগ্রহ করুন
0800 917 8504 নম্বরে পালস এর সাথে যোগাযোগ করুন
Jei šią skrajutę norite gauti kitu formatu ar kalba,
kreipkitės į PALS: 0800 917 8504
Jeżeli są Państwo zainteresowani otrzymaniem
tych informacji w innym formacie lub języku,

prosimy o kontakt z PALS pod numerem telefonu
0800 917 8504.

Dacă aveți nevoie de acest prospect în alte
formate sau limbi, vă rugăm să contactați PALS:
0800 917 8504

Если Вы хотели бы получить данную брошюру
на другом языке или в другом формате, просим
обращаться в PALS (Информационная служба
для пациентов) по 0800 917 8504.