

## Advance Statement of Wishes and Preference

<b>Current Address:</b>	Nominated NOK and relationship?  NOK Address:		Patient Label, or complete: <b>Name:</b> <b>D.O.B:</b> <b>Trust ID no:</b> <b>NHS Number:</b>
<b>Clinical Issue</b>	<b>Date</b>	<b>N/A</b>	<b>Details/Decision</b>
<b>Preferred Place of Care at the time of dying</b>			1 <sup>st</sup> preference
			2 <sup>nd</sup> preference
<b>Cardiopulmonary Resuscitation (CPR)</b>			Has a DNACPR form been completed by the GP/Consultant/other appropriately delegated clinician?
<b>Transfusion of Blood Products</b>			
<b>Clinically assisted Nutrition and Hydration</b>			
<b>Assisted Ventilation</b>			

Clinical Issue	Date	N/A	Details/Decision
<b>Other Scenarios Requiring Medical Intervention Including Hospital Admission</b>			
<b>Tissue and/or Organ Donation</b>			If appropriate, direct person to the NHS Organ Donor Register, 0845 60 60 400 or <a href="http://www.uktransplant.org.uk">www.uktransplant.org.uk</a>
<b>Are any of the following in place:</b> -Advance Decision to Refuse Treatment (ADRT) -Lasting Power of Attorney - Health & Welfare &/or Property & Financial Affairs			If yes, when last updated and where are copies

**This Advance Statement of Wishes and Preferences was completed by:**

**Name:** \_\_\_\_\_ **Organisation/Role:** \_\_\_\_\_ **Bleep no:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Please ensure that with the patient's consent, this is shared with relevant health professionals (see Notification of Advance Care Planning form) and encourage the patient to also retain a copy.

**Subsequent Advance Statement of Wishes and Preferences updates have been completed:**

Date:	By whom:	Organisation/role:	Confirmation that they will inform HCPs on notification sheet of the amendments with patients consent