



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Room Number: \_\_\_\_\_ **System No: 21.064**

**FUTURE WISHES**

Name(s) of those involved, and relationship to service user:

Contact details:

Name of healthcare professional involved in this discussion:

**WHERE WOULD YOU LIKE TO BE AND WHAT IS IMPORTANT TO YOU?**

In the event of deteriorating health, where would you prefer to be cared for?

What would be important to you at such a time?

Are there things that you are worried about connected to deteriorating health?

Is there anything that you would **not** like to happen?

Is there anything that you would want to make sure happens?

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**IMPORTANT CONTACTS**

In the event of deteriorating health or death, who would you like us to contact first?

|             |                     |             |                     |
|-------------|---------------------|-------------|---------------------|
| Name: _____ | Relationship: _____ | Name: _____ | Relationship: _____ |
|-------------|---------------------|-------------|---------------------|

Is there anybody you would prefer not to see at this time?

|             |                     |             |                     |
|-------------|---------------------|-------------|---------------------|
| Name: _____ | Relationship: _____ | Name: _____ | Relationship: _____ |
|-------------|---------------------|-------------|---------------------|

**SPECIAL WISHES AT END OF LIFE**

Are there any special wishes that you would like us to know about?

Are there any special people/pets that you would want to see/be present other than family?

Would you like a priest, minister or other religious person to attend?

**FUNERAL ARRANGEMENTS**

Name and address of Funeral Director:

Tel No: \_\_\_\_\_ Would you like a burial or cremation?

If unknown, is there someone else you would like to discuss this with and then advise us?

If a service user is unable to fully convey their wishes or decision making, then the above form may be completed in their best interests by care staff/healthcare professional and/or attorney/next of kin/carer etc

Service User signature: ..... Care staff/healthcare professional signature: .....

Attorney/next of kin/carer (if present) signature: ..... Date: .....