

Name:

DOB:

NHS no:

Advanced care plan

Name of Person/s contributing to plan: include staff, resident, relatives

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Any expressed wishes for future care / care after death: include preferred place of care, funeral plans etc:

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Any religious / spiritual needs: include visits from vicars, priests etc

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How would you like your final days to look and sound: music, pictures, smells?

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Who would you like with you at the end if possible: family, friends, pets,

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Things I wouldn't want

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Things I would like to be remembered for:

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Signature of person contributing to plan:

Signature

Print name Date