If you are signing this form on behalf of someone else then you will need to provide evidence that you are authorised to do so. E.g. Lasting Power of Attorney (Health and Welfare), child’s age, court order, etc.

I consent to Additional Information being shared to my national Summary Care Record for use in Emergencies. Including:

* The information in this form.
* Diagnoses & significant events from my past medical history.
* Information about teams looking after me.

**Please remember to sign**

My Signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

My Name Click here to enter text.

Date Click here to enter text.

Relationship (if relevant) Click here to enter text.

|  |  |  |
| --- | --- | --- |
| I would like to discuss tissue donation further with my clinical team. | | YES |
|  | | NO |
| I would like to discuss Cardio-Pulmonary Resuscitation CPR further. | | YES |
| NO |
| I would like a copy of My Wishes: Future Care Plan. | NO | |
| On PAPER | |
| Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Or via EMAIL | |

Practice Admin Use: Date of Receipt: ………..……Initials: …………..

Please enter the information into the patients Future Planning Template in your clinical system. Date added………………….Initials……………..

Keep this paper copy as proof of receipt for no more than 3 months

My wishes

Name Click here to enter text.

D.O.B. Click here to enter text.

NHS number (if known) Click here to enter text.

Address Click here to enter text.

Click here to enter text.

Click here to enter text.

Postcode Click here to enter text.

My regular GP is Click here to enter text.

General Practice name Click here to enter text.



I have health conditions that sometimes require urgent medical care. E.g. infection, diabetic collapse, fit, breathlessness.)

|  |  |
| --- | --- |
| PROBLEM OR CONDITION | How I would like this to be managed. E.g. Meds to use & where they are kept, what has worked in the past, etc … |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

Perhaps think about how far you would want treatment to go. You may need to discuss this & the management of these problems with your GP or Specialist.

Emergency Contacts: friends, family, neighbours or clinical team

|  |  |  |
| --- | --- | --- |
| Name: | Contact numbers & address: | Are they aware of your wishes? Add other relevant details: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| My wishes for my care. Should include your preferences.  Might, include cultural, religious/spiritual needs, beliefs, etc. |
| Click here to enter text. |
| Please be aware of, or consider where possible, the following opinions of my family/friends/carers regarding my care: |
| Click here to enter text. |
| Information about my home. E.g. keycode – which I consent to share, who can care for my pets, access problems, etc. |
| Click here to enter text. |