

Accessible Planning Tool

Glancing Back Planning Forward



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About this guide

- This is information to help you prepare for the future



- This information will help you to make decisions so your friends, family and staff will understand your wishes



- Sometimes you make decisions that are easy like what you would like to eat



- Sometimes you make decisions that are difficult like what will I do if I get very sick

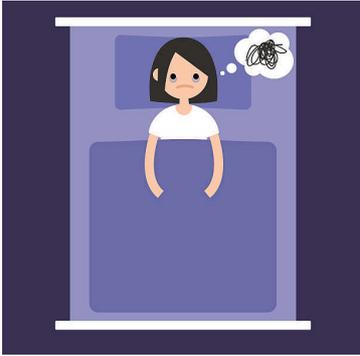


- By planning ahead you will know who will help you and they will know what you wa

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About this tool



- This is a planning tool to help you let everyone know what you want if you get very sick and will not get better



- It can be filled out when you are ready to do so



- You can change anything you write in the tool any time you want

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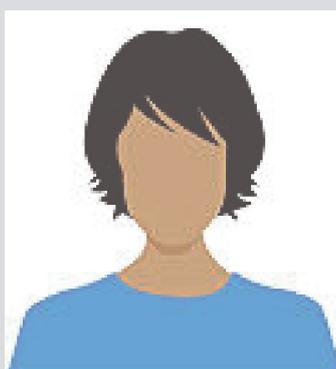
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The tool

Personal Details

My name is

Insert your photo here

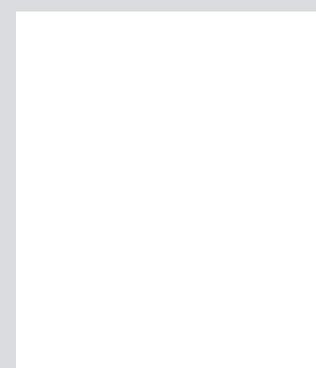
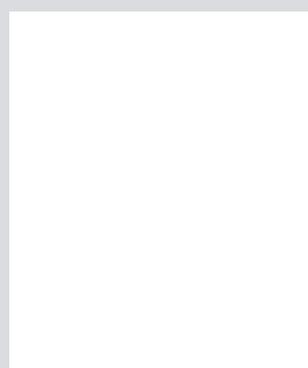
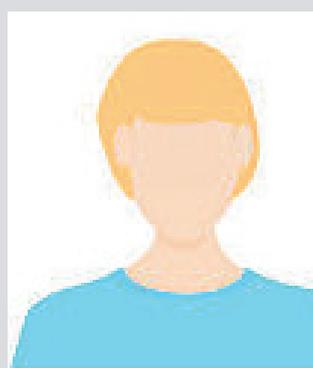


I live in



My Carer is

Picture(s) of carer
My parent/sister/
brother/key worker



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Tell us what you want to do

If you were sick how much information would you like to know about sickness?

None

A little

A lot

If the doctor had to tell you news about your health who would you like to be with you

Name of the person

His/her phone number

If you were very sick and the doctor said you would not get better where would you like to be cared for?

- Put 1 beside your first choice
- Put 2 beside your second choice
- Put 3 beside your third choice
- Put 4 beside your fourth choice

At home

In Hospital

In a Hospice

In a Nursing Home

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Tell us what you want to do

If you were very sick is there someone from your church or religious group you would like to tell

Priest/Minister/Other [Name and details]
Do not have a religious preference

Phone number

Think and answer when you are ready

The next questions are about if you got very sick and you would not get better

Are there any things you would like in your last days of your life?

Some of these things might be:

- People you would like to see
- Places you would like to go
- Being kept comfortable
- Doing everything the doctor or nurse can think of to make you feel better

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Are there any things you would NOT like to do in the last days of your life?

Some of these things might be:

- Going into hospital
- Doctors or nurses doing things that might be painful

Are there any things you would like to do if you were able to?

Is there any person you would like to see or talk to? Please write their name(s) and phone number(s).

Would you like to be in a quiet place or a place with activity around?

Would you like lots of visitors or just a few close friends?

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Think and answer when you are ready

Questions about when you die

Would you like to make a will?

Yes

No

After you die are there any particular people that you would like to be told about your death?

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After you die are there any clubs or groups that you would like to be told about your death?

[name and details]

None

Tell me the name of the person who you would like to make your funeral arrangements

[name and details]

I don't mind

Would you like to be buried or cremated?

Buried

Cremated

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Where would you like to be buried?

Check with family or service re plot

[name place and details]

Where would you like to have your ashes placed

Check with family or service re plot

[name place and details]

Is there a particular celebrant you would like to do your funeral?

Please list anything else you would like in your funeral service or ceremony such as a favourite piece of music or poem?

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End of Life Planner Checklist

I have thought about the things I want to happen at the end of my life

I have thought about the care I want to receive at the end of my life

I have talked about these things with people I trust

I have filled out this form with someone I trust

I am happy with the plans I have made on this form

Signed:

My signature: _____

The signature of the person supporting me : _____

Relationship of this person to me (e.g., family, friend, keyworker):

Date: _____

Review

I have reviewed this document with someone I trust

I am happy with changes I have made to this document

Signed:

My signature: _____

The signature of the person supporting me: _____

Date: _____



Version number:

Date:

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