**Advance Care Planning Discussion to inform best interest decisions about end of life care**

|  |
| --- |
| **Name:**  **DoB:**  **NHS number:** |
| **Identified next of kin**  **Name:**  **Relationship:**  **Does anyone have Lasting Power of Attorney for property and affairs?**  **Does anyone have Lasting Power of Attorney for personal welfare?**  **Is anyone a Deputy of the Court of Protection?** |
| **Relevant medical history** |
| **Present at discussion** |
| **What is important to ……. or makes … happy now?** |
| **Do you believe that ….. has any worries or fears about the future? Do you?** |
| **Is there anything important that …wanted to achieve before coming to the end of life?** |
| **Do you have any specific wishes or is there anything that you do not want to happen when …….. comes towards the end of life?** |
| **Where do you think …….. would like to be cared for at the end of life?** |
| **Are there any circumstances under which you envisage ….. needing to be cared for elsewhere, transfer to hospital for example?** |
| **Does ….. have any religious, spiritual or cultural beliefs that we can support them and your family with at the end of life?** |
| **Name of professional leading discussion** |