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

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| **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** |