

# My advance decision to refuse treatment (ADRT) document

Section 1: My details	
Name	
Address	
Date of birth	
Telephone number	
Physical features that could identify me if I am unconscious (for example, a birthmark on my face).	

**Section 2: My advance decision to refuse treatment**

If you wish to refuse a treatment that is, or may be, life-sustaining (could keep you alive), you must state in the box: 'I refuse this treatment even if my life is at risk as a result.'

I wish to refuse the following specific treatments	In these circumstances
<p>Example: Artificial feeding or hydration - I refuse artificial feeding or hydration even if my life is at risk as a result.</p>	<p>Example: If I have terminal cancer, become unconscious and am unable to swallow fluids or food unaided.</p>

An advance decision refusing life-sustaining treatment must be signed by you, or by another person in your presence and by your direction. It must also be witnessed by someone else. The witness must sign the ADRT in the presence of you, or the nominated person directed by you to sign.

**Section 3: My signature and witnesses**

My signature (or nominated person directed by me to sign), signed in the presence of my witness.	
Date of signature	
Witness name	
Witness signature (signed in my presence)	
Witness address	
Date of signature	
Witness telephone number	

**Section 4: Person to be contacted to discuss my wishes (optional)**

Name	
Address	
Relationship to me	
Telephone number	

**Section 5: Details of healthcare professionals**

I have discussed this advance decision to refuse treatment with .....  
(name of healthcare professional).

Job title	
Contact details	
Date	

I give permission for this document to be discussed with my family members or carers:

**Yes**                      **No**

(please circle one and specify if you only wish for it to be discussed with specific people)

My GP (local doctor) is:

Address	
Telephone number	

**Section 6: Optional review dates**

This advance decision to refuse treatment was reviewed and confirmed by me:

Signature	
Date	

Signature	
Date	

Signature	
Date	

**Section 7: Details of people who have been told about this advance decision to refuse treatment and have a copy**

Name	Relationship to me	Contact details

**Section 8: Further information (optional)**

I have written the following information that is important to me. It describes my hopes, fears and expectations of life and any potential health and social care problems. It does not directly affect my advance decision to refuse treatment, but the reader may find it useful.