Is there anything in particular you would like or not like in your final days of life? For example, photos, music, prayers.

Record of my wishes

Like

Not like

Is there anything in particular you would like or not like in your final days of life? For example, photos, music, prayers.

Is there someone from your cultural community or religious community that you would like to be informed if you are seriously ill? If so please give that person's name and contact details.

What is this document for?

You can use this document to help you prepare for the future. It gives you an opportunity to think about, talk about and make notes about your preferences and priorities for care at the end of your life.

You can use the notes you make in this document to help your GP or a health and social care professional complete an Advance Care Planning Summary.

If you don't want to use this document to make notes about your wishes, you don't have to.

Sometimes people wish to refuse specific medical treatments in advance. This document is not meant to be used for such legally binding refusals. If you decide that you want to refuse any medical treatments, it would be advisable to discuss this with your doctors. There is more information about Advance Decisions to Refuse Treatment on pages 44–58 of the booklet.

What should I include in my Record of my wishes document? You should include anything that's important to you or that you're worried about. It's a good idea to think about your beliefs and values, what you would and wouldn't like, and where you would like to be cared for at the end of your life.

Should I talk to other people about my Record of my wishes document?

You may find it helpful to talk about your future care with your family and friends, although sometimes this can be difficult, because it might be emotional or people might not agree. It can also be useful to talk about any particular needs your family or friends may have if they are going to be involved in caring for you. Your professional carers (such as your doctor, nurse or social worker) can help and support you and your family with this.

Who completed this form

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Date completed

Is there anybody who you'd like to be consulted about your care in the event that you are unable to make decisions for yourself?

If so, please provide their contact details below.

Name	Relationship to you
Address	Telephone number

Your preferences and priorities

What things are important to you?

You may wish to consider:

- family
- friends
- faith/culture/beliefs/values
- interests.

What are your care preferences?

- You may wish to consider:where you would like to be cared for
- how you would like to be cared for.

What are your hopes and goals for your future care?

Things that would concern you about your future care.