

Last Name:	First name:
Date of birth	NHI:
Address:	

SUMMARY OF MY ADVANCE CARE PLAN

Please complete this summary of pages 10 and 11 of the My Advance Care Plan template with your patient based on their Advance Care Plan and submit to Tauranga or Whakatane Hospitals by e-referral on BPAC.

If you have an enduring power of attorney (EPA) for personal care and welfare:

When I am unable to make decisions, I want my enduring of power of attorney for personal care and welfare to make decisions using the information in My Advance Care Plan.

My EPA (personal care and welfare) is

Relationship to me: Phone:

Choose only ONE of these five options

1 <input type="checkbox"/>	I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the healthcare team think are appropriate to my situation. The exceptions to this would be:
2 <input type="checkbox"/>	I would like my treatment to focus on quality of life. If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life. For me, quality of life is:
3 <input type="checkbox"/>	I would like to receive only those treatments which look after my comfort and dignity, rather than treatments which try to prolong my life
4 <input type="checkbox"/>	I cannot decide at this point. I would like the healthcare team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultation with: Name: Relationship to me: Phone:
5 <input type="checkbox"/>	None of these represent my wishes. What I want is recorded in my advance directive over the page.

Resuscitation Status

Choose one	If my heart stops beating and I stop breathing, please: <input type="checkbox"/> Allow natural death <input type="checkbox"/> Attempt resuscitation <input type="checkbox"/> Let my doctor decide at the time
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My Advance Directive

In the following circumstances:	I would like my care to focus on:	I would accept the following treatment:	I would wish to refuse or stop the following treatment:

If this section is blank, I am happy with the choice made on the previous page and have no other preferences

Medical Practitioner or Registered Nurse Specialist

Note the following about Advance Directives:

Advance directives can provide hospital-based staff with key wishes and preference about resuscitation and life-sustaining interventions if a person is becomes unable to decide or communicate them. Staff must be confident that Advance directives have been made where a person has received all relevant information, where the person is competent to make such decisions and free from undue influence.

Please sign to indicate that the relevant information has been made available to the person making an Advance Directive and that the person is competent to do so.

Name (please print):

Signature: Date:

Person/patient or Legal Representative

Name (please print): Relationship:

Signature: Date:

Instructions for General Practices:

- Scan the completed Summary of My Advance Care Plan to your Patient Management System (PMS)
- From your PMS, create an e-referral to Health Records Tauranga (for Western Bay) or Health Records Whakatane (for Eastern Bay)
- Attach the scanned document and send the e-referral
- Alternatively fax to Health Records – Tauranga on (07) 571-3179 or Whakatane on (07) 306-0712