

CP532 - Advance Care Plan

Service User Name		Service User Number	
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Advance Care Plan

(To be used in the absence of an Advance Care Plan)

Goals/Wishes/Preferences:		
To avoid any doubt, would you wish to be given all medical treatment intended to alleviate any pain or distress, or that is aimed at ensuring my comfort? (Circle one)	Yes	No

Things I would like for me:	Things I do NOT want for me:

Support needed from staff:

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Associated documents in place:

Who was involved in producing _____'s Care Plan			
Name:	Role:	Signature:	Date:

Care Plan review: (Full details of the review and who was present should be recorded within the daily record. Use this section as a quick glance tool only)

Date:	Date:	Date:
Change:	Change:	Change:
Yes No	Yes No	Yes No
Initial:	Initial:	Initial:
Date:	Date:	Date:
Change:	Change:	Change:
Yes No	Yes No	Yes No
Initial:	Initial:	Initial:
Date:	Date:	Date:
Change:	Change:	Change:
Yes No	Yes No	Yes No
Initial:	Initial:	Initial: