**Talk about my wishes**

 ****

 **Ref No:**

 **Date:**

The Talk about project has been designed to support and encourage people across Somerset to share their thoughts and wishes for their care. This document is meant to enable and empower our patients and clients to have a voice about their future. It aims to share with those the person is close to and those who are involved in their care, their wishes, and aspirations for their future.

|  |
| --- |
| **Tell me a little about yourself i.e., your background, where are you from, your family, any work that you did. What and who is important to you.** |
| **My health and in the future** |
| An advance care plan (ACP) is a record of your wishes feelings and beliefs that can be used if you later become unwell or need medical treatment. Writing an ACP will give those around you, (your family friends and healthcare team) a clear idea of what you want if you cannot tell them.Your ACP is not legally binding. This means that a healthcare professional does not have to follow the instructions that are in it. However, what you write in your ACP is still important because it must be taken into account when someone is making a decision for you. The following sections offer suggestions for you to think about, you do not need to fill in every section.  |
| **Important to me and who I am. The things that are important in my life are**:  |
| For example, what do you enjoy doing? Spending time with family or friends, activities like listening to music or reading, where do you like doing these things and how often and who with?  |
|  |
| **The things that are important to my identity are:**  |
| For example, what do you like to be called, what clothes do you like to wear, how important is your independence, privacy & dignity? |
|  |
| **What gives you pleasure in your life:**  |
| E.g., friends, family, hobbies? Do you have a pet? |
|  |
| **Important people in my life are:**  |
| I would like the following people to know about this plan. Name: Relationship: Phone number: Name: Relationship: Phone number:  |
| **My religious and/or spiritual beliefs are:**  |
| For example, do you follow/celebrate a particular religion or faith? What does it mean to you? Are there any prayers, ceremonies, or rituals you take part in? Does your religion or faith affect the way you want to be cared for? What helps you feel relaxed?  |
|  |
| **My care - Important information to know when caring for me**:  |
| For example, do you have a daily routine you like to stick to? Such as what time you get up and go to bed or if you prefer a bath or shower? What are your preferences for care? What can you do independently at present? What would you like help with? If care was needed at any stage, do you have a preference of male or female carers? |
|  |
| **My food needs and preferences are:** |
| For example, what should people know about your eating habits, are you vegetarian or vegan do you have any allergies? Are you restricted from eating any foods by your religion or faith? Food likes and dislikes. |
|  |
| **The place I would like to be cared for at end of life is:**  |
| For example, if you became seriously ill would you prefer to be cared for in a hospice a particular hospital or in your own home, who would you like to be with you? Is there a particular piece of music you would like played, special items around etc. or would you prefer peace and quiet? |
|  |
| **The things I do not like are:** |
| For example, do you dislike certain activities, or music? Are you scared of anything, animals, needles, noises, bright lights or being left alone for too long?  |
|  |
| **Do you have any worries or concerns?** |
|  |
| **Additional important matters:**  |
| Notes Re: My will -  |
|  |
| Who knows about my personal and financial details?  |
|  |
| Do you have a plan for your funeral?  |
|  |
| Social media and online accounts -  |
|  |
| **I also have:** |
| Advance decision to refuse treatment  |  Yes No |
| Somerset Treatment Escalation Plan / STEP |  Yes No |
|  |
| Is there a Lasting Power of Attorney in place? |
| I give my consent for this document to be shared with my GP and for it to be uploaded to the NHS Systems. |
|  |
| Did the client request more than one copy of the finished document to share with others?  |
|  |
| How many people were present during the conversation? |
|  |
| Would they be interested in other Marie Curie support, or can we refer/signpost to another service?  |
|  |
| Is there anything else they would like to say?  |
|  |
| Have they found the conversation helpful?  |
|  |
| Are they happy to provide feedback on the process? |
|  |