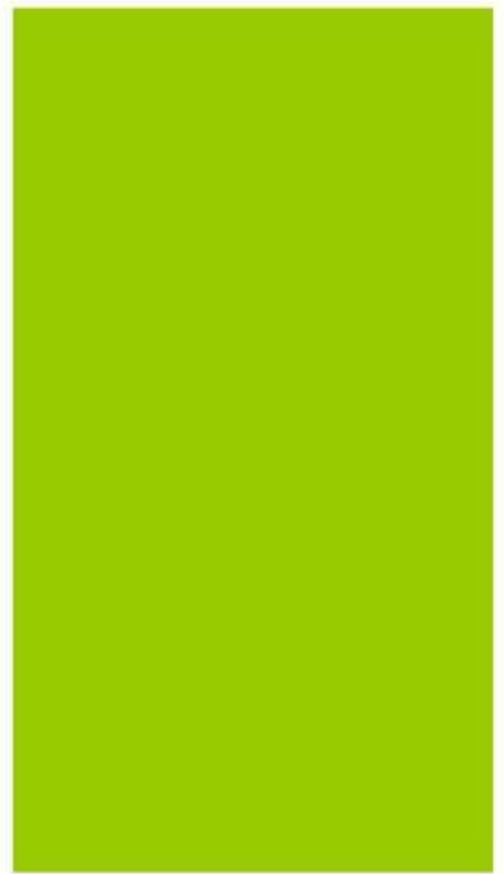


Preferred Priorities of Care (Accessible Version)



Preferred Priorities of Care

What is this for?



- It's important that people have a choice of where they receive care and support when they are coming to the end of their life.



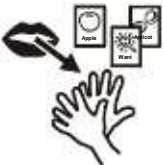
- This plan is a record of the choices made by you about the place of care and support you might want when coming to the end of your life.



- This plan can be completed by you and other sections will be completed by people who support you.



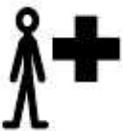
- You will be asked for details about your home. This will help the people supporting you to complete your plan.



- The plan will tell people how you communicate which will help others to support you better.






- The plan will be a record of your choices. If changes have to be made to your choices this will be recorded in your plan.



- Should you need any help in completing any parts of the plan please ask your nurse or carer for help.

Preferred Priorities of Care

	Your name:
	Your address:
	Your NHS Number:

Confidentiality



- Your information will be kept on our computer. We will also keep written records to check where your care and support is given.



- Any information you give will remain private to protect you.






- Your information will only be given to other people with your agreement.






- Your information will be held in safe place and will be for people who need to know about it.

Preferred Priorities of Care

I am unable to complete the plan myself so the person(s) that helped me were:

	Their name:
	Their address:
	Their relationship to you:

	Their name:
	Their address:
	Their relationship to you:

Please continue on separate sheet if necessary.

This plan is to be kept by the person at their home and should follow the person if admitted to another place of care i.e. hospice or hospital.

This plan is to be completed as part of the assessment using, where possible, the persons own words. (Where there are communication difficulties and family, friends or support staff may be consulted).

Your wants and wishes



Your health now:

*Think about whilst you have been ill what has been happening to you?
Family, friends or support staff view.*



What I want for my future care:

*Think about what's important for you?
Family, friends or support staff views*



Where I want to live and be looked after:

*Think about what's important to you?
What would you like or not like to happen?*



Signature:



Date:



Signatures on the behalf of:

Preferred Priorities of Care (accessible version)
Preferred Priorities of Care (accessible version)



I want to change my plan:
(please write the changes and date of change)

Empty rectangular box for writing changes and date of change.

Empty rectangular box for writing changes and date of change.

Empty rectangular box for writing changes and date of change.

Please continue on separate sheet if necessary.
Preferred Priorities of Care (accessible version)

People involved in my care:



Next of kin:



Telephone number:



My doctor:



Telephone number:



My District Nurse:



Telephone number:



My Specialist Nurse:



Telephone number:



My hospital:



Telephone number:






Other things I want to know:

Preferred Priorities of Care (accessible version)



This plan was given to me by:

	Name:
	Role:
	Telephone number:

Developed by;
Claire Henley, Sherwood Forest Hospitals Foundation Trust
Gemma Del Toro, Nottinghamshire Community Health NHS Trust
February 2011

Adapted using Somerset Total Communication, Simple Symbols 2

If found please return to:

Originated by Lancashire and South Cumbria Cancer Services Network
accessible version of 'Preferred Place of Care' adapted by Calderstones NHS Trust