**COVID-19 Advance Care Plan**

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| 1. My name and date of birth |  |
| 1. I like to be known as: |  |
| 1. Summary of my health conditions | *Briefly list underlying health conditions* |
| 1. Who am I? | *Let us know a few things about you as a person, for example things you like doing when you are well, like drawing or cycling, doing crosswords, visiting family. Do you spend most time at home? Are you very active?* |
| 1. Some important things I want you to know about me………   *Indicate here the preferences you have for treatment if you contract COVID-19.*   * *If you do not want to be admitted to hospital please put this, and the reasons why, at the top of the list* * *You can indicate here if your priority is comfort ie managing symptoms rather than prioritising sustaining your life , which may involve more invasive treatment* * *You could put down any fears you might have here.* | |
| 6. | |
| 7. | |
| 8. | |
| Medication I take: | *Please add the medication you take including doses and frequency.* |
| How I communicate: | *It maybe that you are hard of hearing and need an aid to help. You may not have English as your first language. You may not be able to speak, in which case what do others need to know?* |
| The person that knows me best that you could speak to if I can’t speak for myself is: | Name:  Relationship:  Contact details:  Do they have Lasting Power of Attorney (LPA) for Health and Welfare? **Yes/No**  *This person (unless they have an LPA) will be your “named spokesperson”* |
| Who has a copy of this plan? | Name:  Relationship:  Contact details:  Name:  Relationship:  Contact details: |
| My GP is: | Name  Surgery  Do they have a copy of this plan? YES/NO |