**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 |  |
| 1. Who am I? |  |
| 1. Some important things I want you to know about me……… | |
| 6. | |
| 7. | |
| 8. | |
| 9. Medication I take: |  |
| 10. How I communicate: |  |
| 11. 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** |
| Continued overleaf… | |
| 12. Who has a copy of this plan? | Name:  Relationship:  Contact details:  Name:  Relationship:  Contact details: |
| My GP is: | Name  Surgery  Does my GP have a copy of this plan? YES/NO |