



1. At this time in your loved one's life what makes them happy/comfortable?

2. What elements of care are important to them and what would they like to happen?

3. Is there anything that you feel they would worry about or dread happening in their care? What would you **NOT** want to happen?

**4. Is there a Living Will or Legal Advance Decision document?** *(This is in keeping with the new Mental Capacity Act and enables people to make decisions that will be useful if at some future stage they can no longer express their views themselves)* No / Yes

If yes please give details (eg who has a copy?)

**5. Proxy / next of kin**

Have you discussed who else your loved one would you like to be involved if it becomes difficult for him/her to make decisions or if there was an emergency? Do they have official Lasting Power of Attorney (LPoA)?

**Contact 1** ..... **Tel.**..... **LPoA Y / N**

**Contact 2** ..... **Tel.**..... **LPoA Y / N**

**6. Preferred place of care**

If their condition deteriorates where would you most like them to be cared for?

**1<sup>st</sup> choice**

**2<sup>nd</sup> choice**

**Comments**

**7. Are there any other special requests, preferences, or other comments?**

**8. See also separate DNAR document**