

B U R F O R D M E D I C A L G R O U P
5 9 S h e e p S t r e e t B u r f o r d O X 1 8 4 L S

Dr Simon Albert
Dr Vivienne Austin
Dr John Doris

Dear Patient,

We would like to invite you to assist us in creating you a personalised care plan. This is designed to give us a better understanding of you, and in particular what your wishes would be if you were to suddenly become unwell. The care plan will become part of your record and will help us to know what is important to you.

This is entirely optional and we invite you to complete as much of the form as you would like to. If this raises any questions or concerns then please do let us know.

Yours Sincerely,

Burford Surgery

Section 1: Personal Circumstances

1. Do you have anybody who supports you at present (e.g. family, friends, neighbours?)

If so, would you let us know their names for our records?

We will never discuss your health with any of these people without your express consent.

Name and relationship	Contact details	Type of support e.g. shopping, driving, care.

2. Do you currently provide care or support to anybody else?

This section is to identify any people who may need additional care or support if you were to become unwell.

Name and relationship	Contact details	Type of support you provide e.g. shopping, driving, care.

3. Do you have pets that would need to be cared for if you were admitted to hospital?

Please only complete this section if there is nobody else to care for them and an animal charity would need to be contacted.

BURFORD MEDICAL GROUP
59 Sheep Street Burford OX18 4LS

Name	Type of animal

Section 2: Your health and wellbeing

1. Do you make all of your own decisions about healthcare, or do you have a family member or friend who helps you?

If someone helps you, please can you give us their details?

Would you like to give us consent to discuss your health with these people if you were to become unwell?

Name and relationship	Contact details	Consent to share information?

2. For our records, who is your next of kin?

Name and relationship	Contact details

3. For patients with multiple or complex medical problems, it can be helpful for your medical records to be accessible to healthcare professionals who are not usually involved in your care, for example out of hours or emergency care doctors. This will allow them to see more information about you and your consultations with us at Burford Surgery.

If you would like to give consent for extended access to medical records, please let us know in the box below.

*I **do/do not** (delete whichever is appropriate) give consent for extended access to medical*

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records.

Signature _____ **Date** _____

4. It is helpful for us to know of any special communication needs you have which may affect consultations. For example – language or communication difficulties, physical difficulties, sensory impairments, sight limitation, anxiety in certain situations.

Please use the box below to let us know.

Section 3: Advanced decision making

Sometimes people wish to think ahead to what they would like to happen if they were to become unwell or deteriorate very quickly and unexpectedly. In this situation it can be helpful for us to have some guidance as to what your wishes would be if you were unable to communicate. It can be helpful for you to have had these discussions with your family in advance so that your wishes are known and can be respected.

This record will be used as a guide only. You are able to change your mind at any time about any of the answers given below.

1. Do you have a Lasting Power of Attorney for property and affairs, or for welfare?

If so, could we have their contact details?

	Name and relationship	Contact details
LPA - Property and affairs		
LPA - Personal welfare		

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Lasting Power of Attorney (LPA): There are two types of Lasting Power of Attorney (LPA): A Property and Affairs LPA appointed person can make decisions about financial matters such as selling your house or managing your bank account. They can do this as soon as the LPA is registered, even though you may still have capacity to make decisions. However, you can state that you only wish them to make decisions for you after you lose capacity. A Personal Welfare LPA appointed person can make decisions about your health and personal welfare, such as where you should live, day-to-day care, or having medical treatment. A personal welfare LPA will only take effect when you lack capacity to make decisions.

Cardiopulmonary arrest is when your heart stops beating and your breathing stops. It is sometimes possible to restart your heart and breathing with a combination of emergency treatments called cardiopulmonary resuscitation (CPR). Sometimes people do not wish to be resuscitated if their heart stops and prefer a natural death. This is something you may wish to discuss with a family member and a health care professional.

If you have any thoughts or wishes about this, please document them in the space below.

An advance decision to refuse treatment (ADRT), also known as a living will or advance directive, is a legal document which allows you to refuse certain treatments. You may want to refuse a treatment in some situations, but not others. If this is the case, you need to be clear about your wishes in these situations.

If you have an ADRT, please let us know in the box below.

If you were to become unwell and near the end of your life, do you have a preferred place that you would like to be cared for? (e.g. home, hospice, hospital?)

Please let us know in the box below.

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Is there anything else that you would like us to know?

Thank you for taking the time to complete this form. Please drop it back in at our reception.