CareCoaching.co.uk

Personalise Health, Care & Wellness Solutions

Advance Statement

A personal record of your wishes, values and preferences for future health and social care

*This Advance Statement is **not a legally binding document**, but it is a powerful way to make your voice heard. It records your wishes, values, and preferences so that those who support you — whether family, carers, or health and social care professionals — understand what matters most to you. Complete as much or as little as you wish. You may update it at any time.*

SECTION 1 | PERSONAL DETAILS

Full Name

Date of Birth

NHS Number

Phone Number

Email Address

Home Address

GP Details

GP Name

GP Phone Number

GP Surgery Address

SECTION 2 | DEFINE YOUR PREFERENCES

Use the boxes below to describe what matters to you in your own words. Each prompt is a starting point — feel free to write as much or as little as you like.

The things that are important in my life are…

The things that are important to my identity are…

My religious or spiritual beliefs are…

The things I do not like are…

Important information to know when caring for me…

My food needs and preferences are…

The place I would like to be cared for is…

Important people in my life are…

SECTION 3 | CARE DECISION SUPPORTERS

I have discussed this Advance Statement with the following people and would like them to be involved in decisions about my care.

Name	Relationship	Phone Number

SECTION 4 | YOUR WISHES IN KEY AREAS

The questions below invite you to share more detail about specific aspects of your care and life. Answer only what feels relevant to you — these sections can be left blank.

Your Preferences & Boundaries

Would you prefer not to be taken to hospital? ■ Yes ■ No

Is receiving personal care from a member of the opposite sex unacceptable to you? ■ Yes ■ No

Are there any other aspects of care you would prefer not to experience? Please describe…

Your Health & Communication Needs

What signs indicate that you are feeling unwell?

How do you best communicate your feelings and needs to others?

Do you have any specific concerns, such as managing pain or avoiding sedation?

Your Daily Life & Activities

What activities bring you joy — spending time with loved ones, listening to music, reading, gardening, outdoor pursuits?

Where do you enjoy these activities, how often, and with whom?

Your Identity & Personal Expression

What aspects of your life are fundamental to your identity?

What name do you prefer to be called?

How do you like to dress or style your hair?

How important are independence, privacy & dignity to you?

Your Care Preferences & Routine

Do you have a daily routine you would like to maintain?

Preferred wake-up time

Preferred bedtime

Bath or shower preference?

Anything else about your routine?

SECTION 5 | YOUR CURRENT INDEPENDENCE

Can you currently manage independently? ■ Yes ■ No

If No — please describe what you can manage independently, and where you might need assistance:

What I can manage independently…

Where I may need assistance…

SECTION 6 | FINALISE YOUR STATEMENT

By signing below, you confirm that this Advance Statement reflects your wishes, values and preferences at the time of writing. You may update this document at any time.

Signature

Date

Witness Name (optional)

Witness Signature (optional)

This document was completed voluntarily and represents the personal wishes of the individual named above. It should be kept with your personal records and shared with anyone involved in your care. www.CareCoaching.co.uk