

Useful Contacts

GP name and
telephone number:

Community nursing contact numbers

York, Selby, Scarborough & Ryedale Single Point of
Access (SPA): **01904 721200**

Scarborough & Ryedale Community Access Service
(CAS): **01653 609609**

East Riding of Yorkshire City Health Care Partnership
(CHCP) **01482 247111**

Out of hours:

Any additional numbers
important to you:

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends & carers. We listen to feedback (positive or negative), answer questions and help resolve concerns about Trust services. Contact PALS on 01904 726262 or email pals@york.nhs.uk. An answer-phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone/email if you require this information in a different language or format, e.g. Braille, large print or audio
如果你要求本資 不同的 或 式提供 , 電或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail
Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566 Email: access@york.nhs.uk

Advance Care Planning Thinking ahead

My wishes



This leaflet documents my wishes and preferences that are important to me now and in the future.

Should I lose capacity to express my wishes and preferences, this information can support those looking after me to know what is important to me and help inform my care plan.

My wishes and preferences can be changed by me at any time

My name:

I like to be called:

Date of Birth:

Telephone Number:

NHS Number:

What is important to me: *e.g. Family, pets, home*

When planning my care for the future, I would like you to consider: *e.g. treatment options, particular wishes*

I would like these people to be involved in my care and know what my wishes are:

As my condition changes, or as the end of my life approaches, I would like to be cared for here:

Important information

I have a Lasting Power of Attorney (LPA) for Health & Welfare: YES NO

I have a Lasting Power of Attorney (LPA) for Property and Financial Affairs: YES NO

Name of person who has LPA for Health & Welfare for me:

I have a Treatment Escalation Plan e.g. ReSPECT: YES NO

I have a Do Not Attempt Cardio Pulmonary Resuscitation Decision: YES NO

I have an Advance Decision to Refuse Treatment (Legally-binding decision): YES NO

Where this information is held:

Other thoughts / notes:

This leaflet can be completed by your next of kin, family, carer, representative, or person who knows your wishes and preferences.

Name and contact details: