If you have had a chance to think about the care you want towards the end of your life, you may want to write your thoughts down. Use this plan to write down what you want health professionals, friends and family/whanau to know if you could no longer tell them yourself.

There is a section on medical treatments which is important to discuss with your doctor if possible, before you complete it.

This plan is for you and about you. You should not feel like you have to complete every section, complete only as much as you want to. You can show it to anyone involved in your healthcare. You can add to it as often as you like and change your decisions at any time. Please take it to your doctors or nurses to discuss it and then you can both have copies.

It can be forwarded through your doctor to others who may need it, with your consent.
MY ADVANCE CARE PLAN

Please fill this form out in English so that your healthcare providers can read your wishes.

My Enduring Power of Attorney (for personal care and welfare)

First name(s), Last name: Relationship: 

Address: 

Home Phone: Daytime Phone: Mobile Phone:  

Please try to include the following people in decisions about my care:

First name: Last name: Relationship: Phone: 

I have made a Will (tick): Yes No It is held by: 

If I can no longer tell you myself I want those who care for me to know:

The following is important to me (this can include your hopes and fears, practical matters [e.g. you like the TV on, you like to be outside], family concerns, spiritual care you would like, anything else you can think of): 

If you can no longer tell us myself I want those who care for me to know: 

The following is important to me (this can include your hopes and fears, practical matters [e.g. you like the TV on, you like to be outside], family concerns, spiritual care you would like, anything else you can think of): 

If you can no longer tell us myself I want those who care for me to know: 

The following is important to me (this can include your hopes and fears, practical matters [e.g. you like the TV on, you like to be outside], family concerns, spiritual care you would like, anything else you can think of):
This is what makes life meaningful to me (this may include values, people, pets, ways you would like those caring for you to look after your spiritual and emotional needs, and anything else you want);

나의 삶에 의미가 있는 것은 다음과 같습니다(귀하의 가치관, 사람, 반려동물, 돌보는 사람이 배려해 주기 바라는 영적, 정서적 욕구 충족 방법 및 기타 귀하가 원하는 것을 기록하십시오):

.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................

I would like my family and friends to know and remember these things:

나의 가족, 친구들이 알고 기억해 주기 바라는 내용은 다음과 같습니다:

.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................

When I am dying the following are important to me (tick):

나의 임종이 가까워 올 때 나에게 중요한 것은 다음과 같습니다 (선택해 표시하십시오):

Keep me comfortable
☐ 편안하게 해 주시시오

Take out tubes and lines that are not adding to my comfort
☐ 편안함에 도움이 되지 않는 튜브나 라인을 제거해 주시시오

Let my family and friends be with me
☐ 가족과 친구들이 옆에 있어 주시시오

Offer me something to eat and drink
☐ 먹을 것과 마실 것을 주시시오

Stop Medications that do not add to my comfort
☐ 편안함을 더해 주지 않는 약물 투여는 중단해 주시시오

Attend to my spiritual needs
☐ 나의 영적 욕구를 채워 주시시오

Other:
☐ 기타:

.................................................................................................................................................................................................
.................................................................................................................................................................................................
.................................................................................................................................................................................................
The place I die is important to me (tick): Yes  No

When I am dying I would like to be cared for (tick):

At home, which for me is:
☐ Home, Address: ................................................................................................................................................................................

☐ In Hospice 호스피스: ..........................................................................................................................................................

☐ In Hospital 병원: ..................................................................................................................................................................

Other: ..........................................................................................................................................................................................

Please care for my body by ensuring the following:

I would like to be (tick):
Buried  Cremated

I would like the following as my end-of-life ceremony or funeral:

I would like to donate my organs and/or tissues for transplantation. (Tick):

Other comments:

Last Name 성 .................................................................
First Name 이름 ..................................................DOB 생년월일 / / /
Address 주소 ........................................................................................................................
Phone 전화 번호 .................................. Mobile 휴대폰 ..........................................

Ultimately, I am making these decisions in the spirit of love and gratitude for the care and support you have given me throughout my lifetime.

Thank you for taking the time to complete this important advance care plan.

Sincerely,

[Your Name]

Last Name 성 .................................................................
First Name 이름 ..................................................
DOB 생년월일 / / /
Address 주소 ........................................................................................................................
Phone 전화 번호 .................................. Mobile 휴대폰 ..........................................

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Specific Treatment and Care Preferences (please fill out with the help of your Doctor or Nurse)
These expressed preferences should be used to guide clinical decisions in the circumstances I have set out below:

<table>
<thead>
<tr>
<th>I would/would not want:</th>
<th>In these circumstances</th>
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<tbody>
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</tr>
</tbody>
</table>

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Last Name: .................................................................
First Name: ..............................................................
DOB: .......... / ......./ ..........
Address: ...........................................................................
Phone: .................................................................
Mobile: .................................................................

MY ADVANCE CARE PLAN (Page 5 of 6)
아름다운 생의 마감을 위한 나의 사전 계획 (5/6 페이지)
Please use this plan to inform my care only if I am unable to inform you directly.
내가 직접 경향 능력이 없게 될 경우에만 이 사전 계획을 사용해 주십시오.
MY ADVANCE CARE PLAN (Page 6 of 6)
아름다운 생의 마감을 위한 나의 사전 계획 (6/6 페이지)

Please use this plan to inform my care only if I am unable to inform you directly.
내가 직접 말할 능력이 없게 될 경우에 한해 이 사전 계획을 사용해 주십시오.

For Signature
서명 날

I understand this is a record of my preferences to guide my healthcare team in providing appropriate care for me.

1. 이 문서는 나에게 적절한 보살핌을 제공하는 당당 의료진에게 지침이 될 나의 희망 사항에 관한 기록임을 이해합니다.

I understand that it will only be used when I am unable to make decisions for myself.

2. 이 문서는 내가 스스로 의사 결정을 할 능력이 없게 될 때에 한해 사용될 것임을 이해합니다.

I understand that medically futile and/or inappropriate treatments will not be administered even if this is my expressed preference.

3. 나의 희망 사항이라도 의학적으로 무의미하거나 부적절한 치료는 받을 수 없음을 이해합니다.

I acknowledge that this record may be held in an electronic form and will be made available to other health care providers for purposes of treating me.

4. 이 문서를 컴퓨터에 보관해 필요시 다른 의료진이 나를 치료할 목적으로 사용할 수 있음을 인정합니다

Signed: Date:
서명: .......................................................... 날짜: ..........................................................

Witness (Health Professional):
증인(의료진):

Signed: Date:
서명: .......................................................... 날짜: ..........................................................

First Name(s):  Last Name:  Designation:
이름: .......................................................... 성: .......................................................... 칭호: ..........................................................