

# Preferred priorities for care document

My details	
Name	
Address	
Telephone number	

## People who should be asked about my care if I become unable to make decisions.

You may have formally appointed somebody to make decisions on your behalf, in case you become unable to do this yourself. This is called a lasting power of attorney (LPA). If you have registered an LPA, please provide their contact details below.

Name	
Relationship to me	
Address	
Telephone number	

If you are unable to make decisions for yourself, is there someone you would like to be asked about your care? If so, please provide their contact details below.

Name	
Relationship to me	
Address	
Telephone number	

# My preferences and priorities

**Health information – what my healthcare team and family or friends need to know about me to give me the best care and treatment.**

**Preferences and priorities for my future care – what is important to me.  
Is there anything I would like, or anything I do not want?**

**Where I would like to be cared for in the future.**

Signature

Date

**Changes to my preferences and priorities.** (Please sign and date any changes)

# Further information

**You can use the space below to write any further information you need or questions you might want to ask your health or social care professionals.**

**Contact details – you can use the space below to write contact details of anyone who is involved in your care.**

Name	
Relationship to me	
Contact details	

**This document was given to me by:**

Name	
Organisation	
Telephone number	
Email address	