

This is

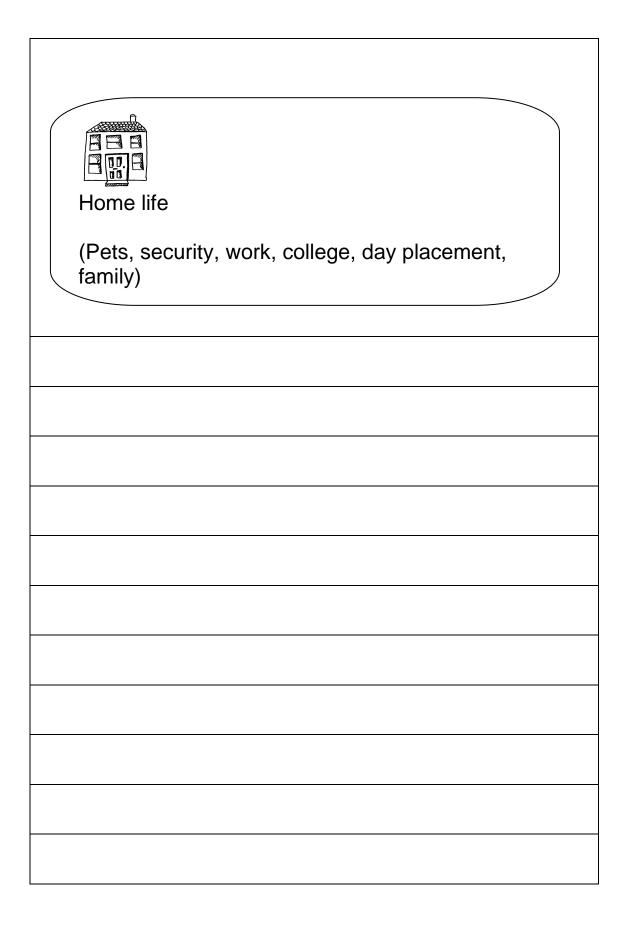
Advanced directive.

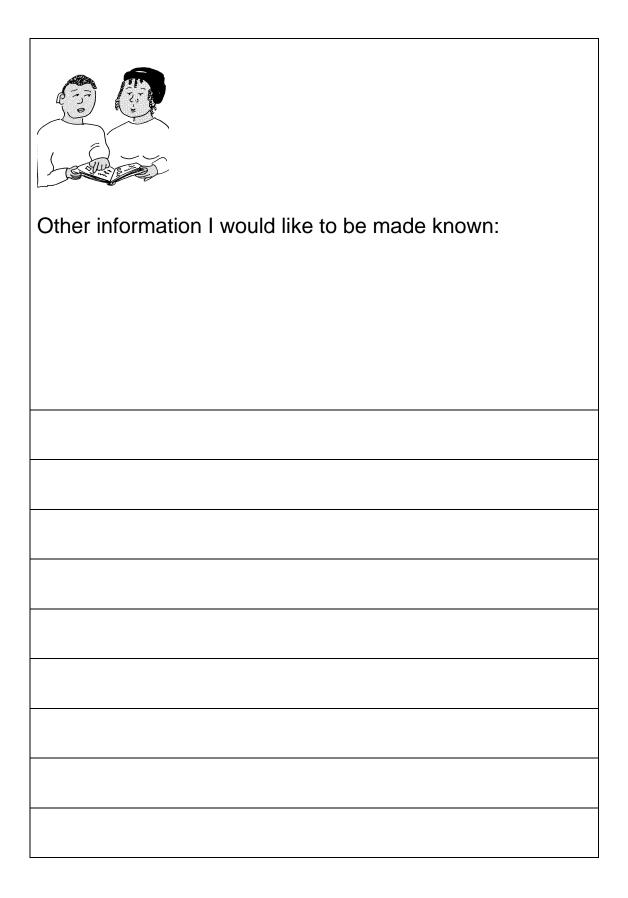
D.O.B:		
Address:		
If I become unwell I would like these people to be		
contacted		
Name:		
Telephone number:		
<b></b>		
Telephone number:		
Name:		
I would also like these people to be told and will ask them		
to do something for me. (for example cancel		
appointments, feed the cat/dog)		
Name:		
rame.		
Telephone number:		
Arrangement:		
Name:		
INAIIIG.		
Telephone Number:		
•		
Arrangement:		

## My wishes are:

My Care  (What I want and don't want to happen, medication. What works well for me)

My Needs
(Diet, Physical health, religion, finances)
(Biot, 1 Trysloai ficaltii, Teligioti, Iliiarioes)





Signed: You	Date:
Signed Witness:	Date

This advanced directive should go to

- •
- •
- •
- ullet
- •

(For example, G.P, Community Nurse, Social worker, hospital)

South West London & St George's Mental Health NHS Trust Springfield Hospital 61 Glenburnie Road London SW17 7DJ www.swlstg-tr.nhs.uk

Produced by Denise Taylor along side the assessable information working party.
Images courtesy of Change Picture Bank
September 2008