

## ADVANCE CARE DIRECTIVE (TASMANIA)

FACILITY: \_\_\_\_\_

PT ID									
SURNAME..... D.O.B..... OTHER NAMES..... ADDRESS..... .....									

Attach Patient Sticker Label

(Tick  as appropriate, format date as DD/MM/YYYY)



Making an Advance Care Directive (ACD) allows you to decide now, or to guide, what health care and treatment you receive, in the future, if you lose the ability to make and communicate such decisions yourself.

You can include in your ACD:

- 1. Information about your values or wishes, which can guide a person making a decision about your health care; and**
- 2. Specific treatments you refuse and in what circumstances.**

It is recommended that you discuss your future health concerns and treatments with your doctor or a health professional and discuss your wishes with significant people like your family and close friends.

For further guidance see the Advance Care Directive Information Sheet.

You must have the ability to make your own health care and treatment decisions to complete an ACD.

**This is the Advance Care Directive for YOU - the person making the directive.**

Print Name:	Date of Birth: DD / MM / YYYY
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Address:

**Section I. My Values and Wishes**

The values and wishes you express here can guide a person making a decision about your health care. For example, you can include information about the following:

- *What is important to me for my health care*
- *What gives me quality of life and makes my life worth living*
- *What is important to me if I am nearing death*
- *My preferred place of care and place to die*
- *Any reasons for refusing certain treatment (for example, cultural or religious beliefs)*
- *If you are Aboriginal and/or Torres Strait Islander, what else is important to you*

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### Section 2. Medical Treatment I Refuse

List the medical treatment you refuse and under what specific circumstances. It is important that you are clear as this information can be used in the future if you are unable to make and communicate your own decisions.

Medical treatment I refuse:	Under what circumstances:

*If there is not enough room to write all your requests and wishes, please attach further pages as necessary. All additional pages need to be signed, dated and witnessed.*

### Organ and Tissue Donation – you do not have to complete this section

I would like to donate my organs and tissue after my death	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am registered on the Australian Organ Donor register	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have discussed my donation wishes with family & friends and they are aware of my decision	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Your Signature

I, \_\_\_\_\_ (full name of person giving this Advance Care Directive) do hereby give this Advance Care Directive of my own free will.

Signature:	Date: DD / MM / YYYY
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**If you are unable to complete or sign this form** it may be written by someone else fully directed by you

Print Name:	
Relationship to you:	
Signature:	Date: DD / MM / YYYY

### Witness (Optional)

There is no requirement to have this form witnessed. However, if it is witnessed it may be more likely that it will be recognised and followed by others. It is preferable for witnesses:

- To be over 18
- Unrelated to you
- Not be the person who has assisted you in completing this form
- Not be beneficiaries in your will

I/we certify that the person has signed this directive freely and voluntarily in our presence.

Print Name:	Print Name:
Signature:	Signature:
Address:	Address:
Date: DD / MM / YYYY	Date: DD / MM / YYYY

### Interpreter / Translator Statement

If an interpreter / translator is used when this document is completed or witnessed, they must sign as follows:

Print name of interpreter/translator:

I assisted with interpretation / translation of this document from English to / from \_\_\_\_\_, a language I am proficient in.

Signature of interpreter / translator:	Date: DD / MM / YYYY
NAATI number (if applicable):	

### What to do with this form

- Keep the original with you in an easily accessible place in your home
- Give a copy to important people such as your family or friends, General Practitioner, your local hospital and others involved in your health care
- If an ambulance is called show them this form
- Upload to My Health Record through MyGov if available

**Abbreviation Key:** NAATI National Accreditation Authority for Translators and Interpreters |

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