

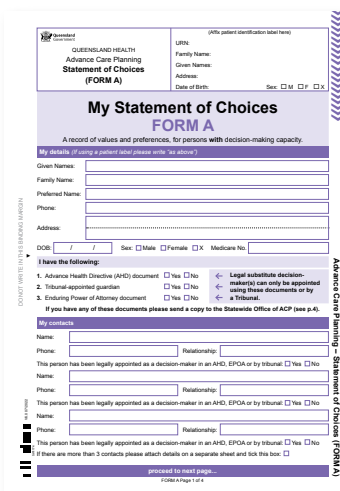
Tips for completing a Statement of Choices Form A: for people who can make health care decisions for themselves

This guide is intended to help you complete a Statement of Choices for yourself. It provides some words other people have used that may help you to get started. The examples here are **not intended to limit or direct your responses**.

To begin completing your Statement of Choices, select Form A and start on page 1.

*Note: Only Form A **OR** Form B should be completed. The decision on which form to use should be based on current circumstances.*

Page 1



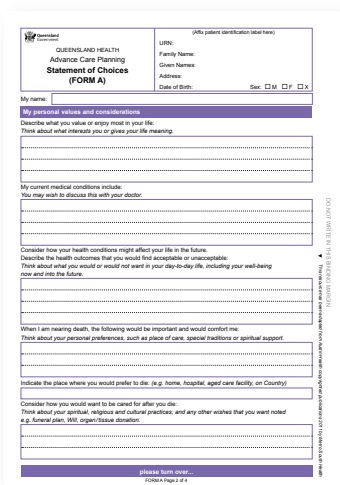
My details: Fill in all blank spaces.

- ✓ “Preferred name” is the name you like to be called.
- ✓ If you live in an aged care facility, please include the name of the facility in the address.
- ✓ Tick the boxes if you have already completed the listed documents.

My contacts:

- ✓ Write names and telephone numbers for each person you have appointed in your Enduring Power of Attorney (EPOA) or Advance Health Directive (AHD) documents or if you have a Tribunal appointed guardian or administrator. Add how they are related to you e.g., husband, daughter, friend.
- ✓ If you don’t have an EPOA or AHD, add details of people you would want included in discussions about your health.

Page 2



My personal values and considerations:

- ✓ Record what is most important to you and your quality of life.
- ✓ Write as much as possible about the person you are and what your wishes are including any special traditions or spiritual care important to you.
- ✓ Record your medical conditions. It is good to talk to your doctor about your current health conditions and how they might affect your life in the future.
- ✓ Write down the things you want doctors and your substitute decision-maker(s) to know when health care decisions are being made.

Examples of other people’s words:

- “I love spending time with my grandkids”
- “I would like my priest called to comfort my family”
- “I love spending time in the garden and listening to music”
- “I don’t want to be kept alive by machines, just let me die naturally”
- “I value being alive more than anything else even if I will be bedbound”
- “If I cannot wash, feed or look after myself or talk to my family I do not want to be kept alive”

Page 3

My preferences for medical care and treatment:

- ✓ Think about the medical care, treatment and goals of care preferences that you would want considered and respected by doctors and those making health care decisions on your behalf.
- ✓ Life-sustaining measures: You may find it helpful to ask your doctor to assist you with this section. Discussing likely treatment outcomes for your current medical conditions may help you to make your preferences known.
- ✓ Medical Treatments: Tick the boxes that indicate your preferences. You may have different preferences for each of the treatment options.
- ✓ For any of the medical treatments, you may choose to write the outcome(s) you would find acceptable in the "Other" box.

Regardless of the preferences expressed on the Statement of Choices you will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering. Doctors should only provide treatment that is consistent with good medical practice.

Examples of other people's words:

"Don't keep going if I am not responding"

"I prefer these treatments only if my quality of life will be improved"

"Please start treatment but discuss with my daughters when it may be time to stop"

Page 4

My understanding of the document:

- ✓ Read through the declaration. Sign and date here to show you understand the document and the information it contains.

Usual Doctor/Nurse Practitioner's statement:

- ✓ When you have filled out the document and have discussed it with others who are important to you, ask your doctor or nurse practitioner to sign it. This will make sure they know what your wishes are. The doctor/nurse practitioner can also keep a copy.
- ✓ If you received assistance from someone else to complete this form, list their details here. For example, this could be an advance care planning facilitator or Aboriginal and Torres Strait islander health worker.

When your document is complete:

- ✓ Keep your original document. Give **copies** to your substitute decision-maker(s), doctor and health providers.
- ✓ **send a copy/scan** of all pages to the Statewide Office of Advance Care Planning by email, fax or post (see bottom of p.4), for upload to your Queensland Health electronic hospital record, and easy access by authorised clinicians.
- ✓ You may wish to upload your Statement of Choices to My Health Record.

Review your document:

- ✓ It is good to review all your documents from time to time, especially if your health changes.
- ✓ If you want to change your whole document, fill in a new Form A or for minor changes initial and date them on the form and send the updated one to the Statewide Office of Advance Care Planning for uploading to your medical record.

If, after reading this tip sheet, you would like more information about the Statement of Choices or help to fill it in, please call 1300 007 227 and speak to a nurse in the Statewide Office of Advance Care Planning who may be able to help or put you in contact with someone in your local area.

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland.

Call 13 14 50



- State the language spoke
- Ask to be connected to the Statewide Office of Advance Care Planning on 1300 007 227.

OACP

Statewide Office of Advance Care Planning