

**Part III – Lasting Power of Attorney**

**for Health and Welfare Log**

This document is the third log in the **Plan for Life** series.

It is designed to give you a practical way of documenting your health, welfare and care requests, should you or your family and loved ones need to know this in the future. It is a useful tool for ensuring that if you ever lost capacity, you are looked after according to your wishes. This should be kept in a safe and secure place.

This document should be kept up to date and reviewed annually and upon any change in circumstance or preference.

**1. Your personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address: |  | | | |
| Date of birth: |  | N.I. number: |  | |
| Occupation: |  | Telephone number(s): | |  |

**Date last updated:**

**Current Health**

|  |  |  |
| --- | --- | --- |
| **Current Health** | **Details** | **Additional Information** |
| Have you any existing illnesses, conditions or ailments? |  |  |
| Please provide details of how these are managed/cared for |  |  |
| Please list all of your medications, including dosage and how frequent they are to be taken |  |  |
| What is your doctor’s surgery and who is your GP? |  |  |
| Are you under any Consultants or Surgeons? Do you attend any outpatient clinics, if so where and how often? |  |  |
| What is your preferred hospital in case of an emergency? |  |  |
| What is your dentist surgery and who is your dentist? |  |  |
| Where is your preferred pharmacy? |  |  |
| Do you pay for your prescriptions? If so, how? Do you get free prescriptions? If so, please keep proof of any certification |  |  |

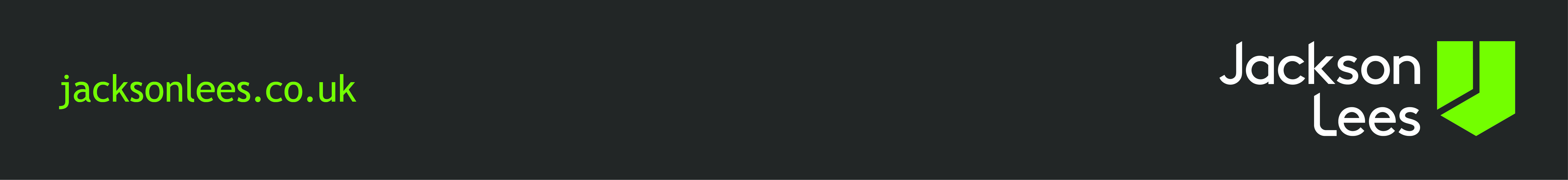
**Advanced Care**

|  |  |  |
| --- | --- | --- |
| **Current Health** | **Details** | **Additional Information** |
| Where you would like to receive care *(nursing homes, hospitals)* |  |  |
| Where you want to be cared for when you are dying, and where you want to die |  |  |
| Who you want to be with you |  |  |
| Values such as religious belief |  |  |
| Your choices and views on different types of treatments |  |  |
| Your choices and views on life sustaining treatment.  *(Life-sustaining treatment can mean care, surgery, medicine or other help from doctors that’s needed to keep you alive, for example: a serious operation, such as a heart bypass or organ transplant, cancer treatment, artificial nutrition or hydration (food or water given other than by mouth). Include scenarios where you would want/not want this treatment.* |  |  |

**Personal Preferences**

|  |  |  |
| --- | --- | --- |
| **Current Health** | **Details** | **Additional Information** |
| Daily routine *(e.g. bed time, getting up, personal hygiene, weekdays v weekends)* |  |  |
| Favourite foods and meal times, dietary requests |  |  |
| Favourite drinks |  |  |
| Favourite products  *(Hair, body wash, washing powder, deodorants)* |  |  |
| Clothing style including material preferences, favourite shops |  |  |
| Favourite places to visit/things to do/hobbies |  |  |

****

**T: 0151 282 1700 | E: enquiry@jacksonlees.co.uk | jacksonlees.co.uk**