
Advance Directive/ Whakaaro Pono - Letter format

Full Name: *(of person writing this Advance Directive)*

Address:

Dear Clinicians,

If you are reading this it means I have become so unwell mentally that I am unable to make good decisions or choices about life or myself at this particular time and am unable to manage my personal boundaries.

At this time it is important to me that:

Suggestions below of what could be included in this letter...

Emergency Contact: *[of person you wish to have involved in your care]*

Enduring Power of Attorney: *[state the person you have appointed for this or nominate a person of your choice if you have such a person]*

Involvement in your care: *[who do you **NOT** want to be involved and who **DO** you want to be involved]*

Medications: *[I find helpful]*

Personal Affairs: *[children, pets, etc]*

Past Interventions: *[state what past interventions have or have not worked for you at other times of being unwell- Note any spiritual needs]*

[Anything else that is important to you for staff to know]

[Consider having the plan of care discussed with your consultant/GP so you have the backing from their clinical view confirmed in this letter also]

The registered health professional that has assessed me as competent (of sound mind) at this date is:

Name:

Designation:

Signature: Date:

This same health professional has sighted this letter and is in agreement with my plan and decisions.

I have completed this letter of my own free will after taking all information I have into consideration. My expectation is that it is followed and if not I wish to have a written explanation on why not, given to me please.

I have / have not (cross out what doesn't apply) got a video Advance Directive.

(This is a written summary of my video Advance Directive if I have stated I have one).

With thanks

Signed..... **Today's Date:**