

Tips for completing a Statement of Choices Form A: for people with decision making capacity

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 start. 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 (Form B is not needed for you).

Page 1

Section A. My Details: Fill in all blank spaces.

- “Preferred name” is the name you are known by or prefer to use.
- If you live in a retirement complex please include the name of the facility in the address.
- Tick the boxes if you already have other documents in place.
- **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 if you have chosen to complete these forms. Add how they are related to you e.g. husband, daughter, friend.
- If you haven't done an EPOA or AHD include details for people you may prefer included in discussions about your health.

**Statement of Choices
FORM A**
For persons with decision-making capacity

A. My Details
(If using a patient label please write 'as above')

Given Name: _____
Family Name: _____
Preferred Name: _____ Phone: _____
Address: _____
DOB: ____/____/____ Sex: M F Medicare No: _____

I have the following:

1. Advance Health Directive (AHD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have legally appointed a substitute decision-maker you should fill in their details below. If you have not appointed anyone you can still include the details of people you wish to be involved in discussions about your health care decisions in the future.
2. Tribunal-appointed guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Enduring Power of Attorney (EPOA) (personal health matters)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

My Contacts

Name: _____
Phone: _____ Relationship: _____
I have appointed this person as a decision-maker in my EPOA or AHD: Yes No

Name: _____
Phone: _____ Relationship: _____
I have appointed this person as a decision-maker in my EPOA or AHD: Yes No

Name: _____
Phone: _____ Relationship: _____
I have appointed this person as a decision-maker in my EPOA or AHD: Yes No

If there are more than 3 substitute decision-makers please attach details on a separate sheet and tick this box:
please turn over...

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QUEENSLAND HEALTH
Advance Care Planning
Statement of Choices
(FORM A)

My name: _____

B. Personal Values

Describe what you value or enjoy most in your life.
Think about what interests you or gives your life meaning.

Consider what you would like known about you when health care decisions are being made.
Think about your past experiences, wishes and beliefs or what is important to you.

Describe the health outcomes that you would find unacceptable.
Think about what you would not want, including situations you consider may involve severe disability.

Describe what would be important or comforting to you when you are nearing death.
Think about your personal preferences, special traditions or spiritual support.

Indicate the place where you would prefer to die: (e.g. home, hospital, nursing home)

Consider how you would want to be cared for after you die:
Think about your spiritual, religious and cultural practices, organ and tissue donation, and any other wishes that you want noted.

proceed to next page...

Section B. Personal Values:

Record what is most important to you. Here you can write down the things you want remembered to guide discussions with doctors when health care decisions are being made. Write as much as possible about your wishes.

Examples of other people's words:

- “I love spending time in the garden”; “talking to my family keeps me happy”; “I enjoy TV and music”
- “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”
- “I don't want to be kept alive by machines or feeding tubes or in an Intensive Care Unit”; “Allow me to die naturally when it is my time”;
- “I would like my priest called to comfort my family”
- “I am registered as an organ donor”

Form A: 'Tips' cont.

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Section C. Medical conditions: Fill in all your health conditions that you know about at present. You may need to talk to your doctor about your current health.

Life Prolonging Treatments: You may find it helpful to ask your doctor to assist you with this section. Discussing treatment outcomes for your current medical conditions may help you to make your choices.

Medical Treatments: Tick the boxes. You may have different preferences for each of the treatment options. This section is a guide to let your family and doctors consider your preferences when decisions need to be made.

If you have specific words to add in these sections please tick the "Other" ★ box. Write in the preferences or explanations to assist health professionals when they discuss treatments with your substitute decision maker/s.

The screenshot shows the right side of Form A. At the top right, there is a section for patient identification (URN, Family Name, Given Names, Address, Date of Birth, Sex). Below this is section C: Medical Conditions, with a text box for 'My current medical conditions include:'. Section D: Life Prolonging Treatments includes checkboxes for 'I would wish CPR attempted if it is consistent with good medical practice OR' and 'I would NOT wish CPR attempted under any circumstances OR', with an 'Other:' field. Section E: Other Life Prolonging Treatments includes checkboxes for 'I would wish for other life prolonging treatments if consistent with good medical practice OR' and 'I would NOT wish for other life prolonging treatments under any circumstances OR', with an 'Other:' field. Section F: Medical Treatments is a table with columns for 'If considered to be medically beneficial', 'I would wish for:', 'I would NOT wish for:', and 'undecided / no preference:'. The table lists treatments like 'A major operation (e.g. under general anaesthetic)', 'Intravenous (IV) fluids', 'Intravenous (IV) antibiotics', 'Other intravenous (IV) drugs', and 'A blood transfusion'. There is an 'Other:' field at the bottom of the table.

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"
- "Please keep me comfortable and dignified".

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The screenshot shows the bottom part of Form A. Section G: Usual Doctor's Statement includes a text box for 'Usual Doctor's Statement' and a 'Hospital or Practice Stamp' area. Section H: Usual Doctor's Statement includes a text box for 'Usual Doctor's Statement' and a 'Hospital or Practice Stamp' area. Section I: Usual Doctor's Statement includes a text box for 'Usual Doctor's Statement' and a 'Hospital or Practice Stamp' area. Section J: Usual Doctor's Statement includes a text box for 'Usual Doctor's Statement' and a 'Hospital or Practice Stamp' area. At the bottom, there is an 'IMPORTANT!' section with contact information for the Office of Advance Care Planning: Phone: 1300 008 227, Email: acp@health.qld.gov.au, Fax: 1300 008 227, Post: PO Box 2274, Runnymede QLD 4113, and website: www.mycaremychoices.com.au.

- It is good to review all your documents from time to time. You may wish to review your document with your doctor and your substitute decision makers. If you want to change your document, write another Form A and send it to the Office of Advance Care Planning so it can be uploaded to replace your earlier Statement of Choices in your medical record.
- **My Declaration:** Read through the declaration. Sign and date here to indicate you understand the document and the information it contains.
- **Doctor's Review:** When you have filled out the document and have discussed it with others who are important to you, see your doctor so they can sign it. This will make sure your doctor knows what your wishes are. The doctor can also keep a copy on your file.



Keep your original document. Give **copies** to your substitute decision makers and **send a copy** to the Office of Advance Care Planning. They will make sure your document is available in your medical record at all Queensland Health Hospitals and to authorised GPs.