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).

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.

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”
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.

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”.

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.