

**INSTRUCTIONS**

TO COMPLETE 1.1

Record contact details of your emergency contact persons x 2, next of kin, substitute decision maker/s, family, friends, health professionals, support people, trades and service providers, etc. Describe the person's relationship to you and their role in your life. Record their contact details and use the notes column to document special instructions. Record the services they provide and how often you use these services. Add information such as the circumstances for which you want them notified and the best way to contact them.

**My personal address book can be found:**

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**MY FAMILY, FRIENDS, HEALTH PROFESSIONALS AND THE SERVICES SUPPORTING ME**

NAME	RELATIONSHIP	PHONE	EMAIL	ADDRESS	NOTES
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**2.1 B MY ENTITLEMENTS RECORDS**

DATE:



Keep this information confidential and store it in a secure location.

**INSTRUCTIONS**

TO COMPLETE 2.1B

Use the A-Z index as a prompt and record any pension funds, allowances, subsidies, assistance schemes, concessions, agreements that you receive. Note where these documents are kept and any information needed to administer these entitlements on your behalf, e.g. Centrelink, Medicare, Seniors, Veterans, Drivers license, memberships, registrations, professional, lease, security cards, etc.

PAYMENT TYPE/NAME	ENTITLEMENT NUMBER	DATE EXPIRES	WHERE ARE DOCUMENTS KEPT	ADDITIONAL INFORMATION
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THIS INFORMATION IS PRIVATE AND CONFIDENTIAL. IF FOUND  
PLEASE RETURN TO:

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**(Insert the name of your local doctor (GP) here)**

**MY LOCAL DOCTOR (GP) IS:** .....

**MEDICAL CENTRE:** .....

**ADDRESS:** .....

.....

**PHONE NO.** .....

**EMAIL:** .....

THIS INFORMATION IS CONFIDENTIAL INFORMATION  
AND I ASK THAT IT BE RESPECTED.



**INSTRUCTIONS**

TO COMPLETE 3.1

Complete your medical history using the A-Z index 3 as a prompt.  
Follow the instructions on the worksheet which are written in italics.

**My local doctor (GP) is:** .....

**Medical Centre/Clinic address:** .....

**Phone No.** .....

**Email:** .....

**MY FAMILY MEDICAL HISTORY**

(Document any serious conditions in your family's medical history, e.g. asthma, cancer, diabetes, endocrine conditions, epilepsy, heart conditions, high blood pressure, mental health conditions, neurological conditions, renal/kidney conditions, etc.)

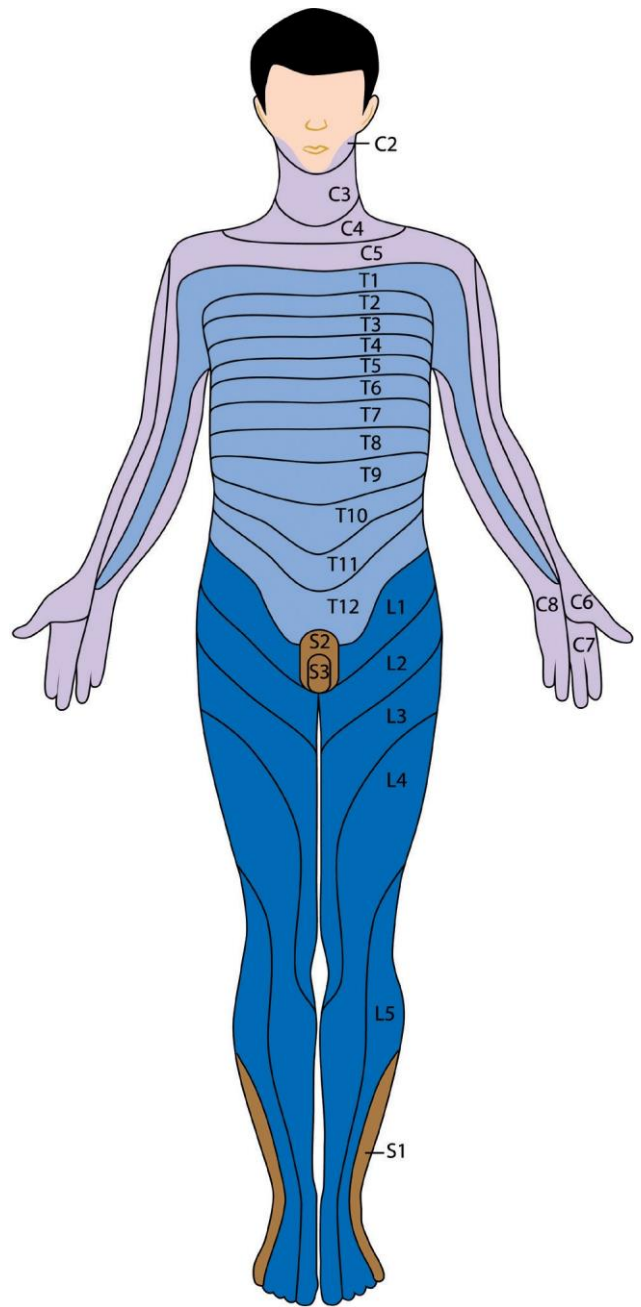
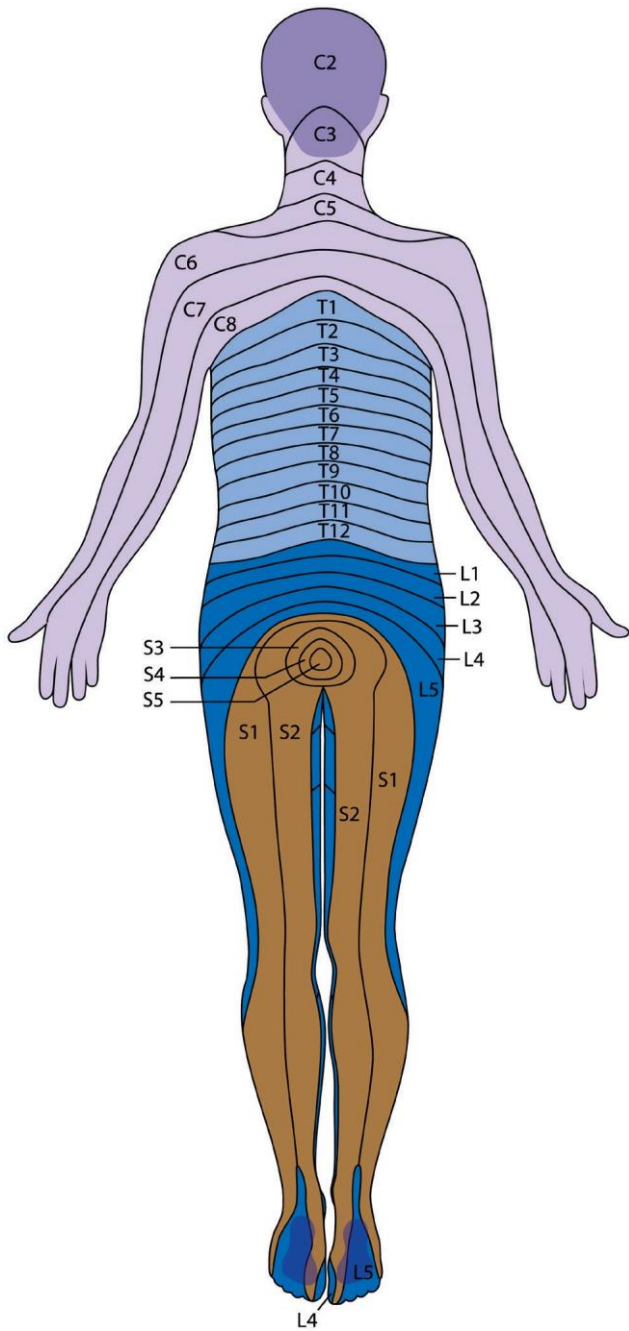
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**MY PRIMARY (MAIN) DIAGNOSIS**

**My primary condition/s are diagnosed as:** .....

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You may show on this body chart any prior or current condition/s and their impacts















**INSTRUCTIONS**

Write down all the medications that you are taking at this time. You should add new ones and note when any medications are ceased or changed in the 'Date Ceased' column.

TO COMPLETE 3.2

MEDICATION NAME	DOSE I TAKE	FREQUENCY PER DAY <i>(Record times)</i>	HOW I TAKE IT	WHY I TAKE IT <i>(Record condition)</i>	DATE MEDICATION CEASED
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I need help regarding medications to:

- arrange prescriptions       Yes     No      .....
- collect prescriptions       Yes     No      .....
- administer/take medication     Yes     No      .....

**My prescriptions are stored:** .....

**My local pharmacy is:** .....

**Contact details: (name, email, phone, mobile, address)** .....

.....





**INSTRUCTIONS**

Look through the A-Z index as a prompt to record the names of all of the equipment and aids you use to promote your mobility and self-care.

TO COMPLETE 3.4

I use the following equipment and aids:

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For equipment used provide information so workers' can use it safely

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.....

Complete the table by recording your maintenance instructions for specific equipment. If equipment is hired when is the maintenance due?

	WHO IS IT HIRED FROM?	WHAT MAINTENANCE IS REQUIRED?	WHO DOES THE MAINTENANCE?	WHEN IS MAINTENANCE NEXT DUE?	DATE MAINTENANCE WAS COMPLETED

**INSTRUCTIONS**

TO COMPLETE 3.5

Answer each question and record on the worksheet:

- Your ambulance insurance cover and relevant numbers.
- List any disease specific emergency action plans you have had developed by your health care professionals and record where these can be found.
- If you have completed an Advance Care Plan and appointed a substitute decision maker, record this and note where the directive is kept.
- Document whether you would like to be an organ/tissue donor, if that option is possible. You can obtain information and place your name on the organ donor register at <http://www.donatelife.gov.au>

DATE:

**My Medicare No.** .....

**My Medicare Card is stored in:** .....

**I have private health insurance**     Yes     No

**My health insurance company is:** .....

**My policy card is stored in:** .....

**I hold Ambulance insurance cover:**     Yes     No    Policy No. ....

**I have an 'Emergency Medical Information Book' on my fridge:**     Yes     No

**I have an Advance Care Directive:**     Yes     No     I want to develop one

**My Advance Care Directive can be found** .....

**My Substitute Decision Makers are:**

.....	<b>Mobile No:</b>	<b>Email:</b>
.....	.....	.....
.....	<b>Mobile No:</b>	<b>Email:</b>
.....	.....	.....

**My blood group is** .....

**My name is on the organ donor register**     Yes     No

**I wish to become an organ donor**     Yes     No     I want more information

MY CONDITION ACTION PLAN	WHERE IS IT LOCATED?
(e.g. Asthma, Epilepsy, Allergies, Chronic condition self-management plan, etc.)	

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**INSTRUCTIONS**

Record specific information and instructions to give carers and support workers an understanding of what is important to you.

TO COMPLETE 4.2

**I am right/left handed:**

**I preferred to be called:**

**I prefer workers to greet me by:**

(e.g. shaking hands, giving me a hug, smiling, using my name, etc.)

**My preferred language is:**

**I speak these languages:**

**Before you enter my home/room**

**I would like you to:**

**I prefer you to contact me via:**

**Phone:**

**Mobile phone:**

**My email is:**

**My preferred communication method is:**

(e.g. I prefer simple step by step instructions, I like extra time to understand what you are discussing with me, I prefer pictures to words, I prefer to have written instructions so I can refer back to them, I need an interpreter (specify language) for legal matters, I have difficulty hearing, etc.)



**MY CULTURE**

Record information about your culture that is important for you to continue to practice, e.g. social expectations, customs, traditions, special days, language and communication norms, phrases relevant to care, role of gender, dress, role of family in your care/support, attitudes to care/sickness/hospital/pain, music, spirituality, body language such as eye contact, position in the community, etc.

[A large rectangular box with horizontal dotted lines for writing.]

**INSTRUCTIONS**

TO COMPLETE 4.2

Record specific information and instructions to give carers and support workers an understanding of what is important to you.

**MY HOME**

What makes this house a 'home' for you? Answering this question will help your support workers know your preferences. Record what is important to you and what you prefer around you, e.g. presence of family, love, pets, having my special things close by, my religious items, photos, etc.

Large dotted writing area for recording preferences.







**MY PETS**

Record information about your pets that a worker may need to know in order to help you to care for them, e.g. grooming, eating and sleeping habits, vet visits, vaccinations, etc.

A large rectangular area with horizontal dotted lines for writing.









**INSTRUCTIONS**

Record specific information and instructions to give carers and support workers an understanding of what is important to you.

TO COMPLETE 4.2

**MY SUPPORT**

**What activities can a worker support you with to make you feel most like yourself?**

(e.g. showering myself, feeding myself, choosing my clothes, going to bed when I feel like it, etc.)

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**What kind of ongoing interaction would you enjoy with your support workers?**

(e.g. having a laugh together, being 'up beat', calm, sincere, encouraging, hopeful, trustworthy, etc.)

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**How can a worker best show their concern for you if you are upset?**

(e.g. sitting next to me, touching my shoulder, holding my hand, making eye contact, etc.)

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**What actions would you find disrespectful or uncomfortable from a worker?**

(e.g. personal space requirements, cultural taboos, ways to speak to you, etc.)

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**INSTRUCTIONS**

TO COMPLETE 4.3

To record your normal daily routines break the day into sections and note what you prefer to do and at what times. Record if there are regular changes to your routine on specific days, (e.g. Tuesday I attend exercise class so the afternoon routine includes a nap.)

**Tick the degree of importance of each routine to you using this scale:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

Tick if you need some help with the routine and record more information about your preferences in the last column.

You can add to this list, or leave aspects blank.

MY ROUTINES <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information that will help a person to effectively support you.)</i>
	1	2	3	4	YES	NO	

**My morning routine**

(e.g. Time you get up?  
What you do? Order you do it? Importance of flexibility?)

**My exercise routine**

(e.g. daily walk, falls prevention exercises, specific exercises programmes, mental stimulation)

**My meal routine**

(e.g. Times you eat meals and snacks? Where you prefer to dine out? Preferred take aways? Any special food/drinks?)

MY ROUTINES <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information that will help a person to effectively support you.)</i>
	1	2	3	4	YES	NO	

**My afternoon routine**  
*(e.g. What do you do? Order you do it? Naps? Importance of flexibility?)*

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**My nap routine**  
*(e.g. Morning/afternoon? Chair/bed? Length? Blanket/pillow?)*

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**My relaxation routine**  
*(e.g. fresh air, getting outside, meditation, music, animals, night cap, prayer, reading, rituals, etc.)*

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**My night routine**  
*(e.g. Time you go to bed? What you do? Order you do it? Sleep habits? Religious rituals, etc.)*

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**INSTRUCTIONS**

TO COMPLETE 4.4

Look through the A-Z index to prompt your thoughts about how you want your environment at home to be, so that you are comfortable and safe. Think about lighting, temperature, your security needs, documenting how you like to sleep, and the objects you want within your reach etc. Complete the worksheet with your environmental preferences following the instructions and prompts on each worksheet which are written in italics.

**Tick the degree of importance each environmental aspect holds for you:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

Tick if you need some help with the getting your environment set up and record information about your preferences in the final column. You can add to this list or leave aspects blank. Prompts to guide your thinking are provided in italics for each section.

<b>MY ENVIRONMENT</b> <i>(Suggestions of things to record are provided but add anything important to you.)</i>	<b>IMPORTANCE TO ME</b>				<b>I NEED HELP</b>		<b>MY PREFERENCES</b> <i>(Record information that will help a person to effectively support you.)</i>
	1	2	3	4	YES	NO	

**My room set up**

*(e.g. Furniture location?  
 Equipment? Windows - fresh air? Fan? Air conditioner?  
 Temperature? Curtains? TV?  
 Religious items? etc.)*

**My bed set up**

*(e.g. Pillows? Sheets?  
 Blankets/Doona? Alarm?  
 Electric blanket settings?  
 Continence pads? etc.)*

**My sleep**

*(e.g. Bed raised? Covers?  
 Doors open/closed? Pets?  
 Pillow number / arrangement?  
 Preferred side to sleep on?  
 etc.)*

**My objects within reach**

*(e.g. Book? Clock? Craft items? Electronic devices?  
 Glasses? Water? Phone?  
 Photos? Radio? Religious items? Remote/s? Rug?  
 Tissues? Torch? Toilet needs? etc.)*

MY ENVIRONMENT <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information that will help a person to effectively support you.)</i>
	1	2	3	4	YES	NO	

**My lighting**

(e.g. By day? By night? For reading/craft? Do you have low vision options? etc.)

**My clothing care**

(e.g. Washing frequency? Process used? Products? Ironing? Storage?)

**My phone**

(e.g. Privacy? Location? Phone index? Mobile? Assistive technology?)

**My home security**

(e.g. Any alarms? Settings? What to lock? Security screens? Instructions?)

**My valuables**

(e.g. What to lock away? Where? Storage & retrieval instructions?)

**My rubbish**

(e.g. Specific disposal of equipment? Sharps? Continence products? General refuse? Bin days? etc.)

**INSTRUCTIONS**

TO COMPLETE 4.5

Look through the A-Z index to prompt your thoughts and complete the worksheet with information about your preferences for personal care – you don't have to provide information on each activity if you have no specific requirements, or you may add activities to the list. There are suggestions in italics for each section of the worksheet to guide you.

Record the importance of each personal care activity. Note if you need some help in any area and record preferences. You can add activities to this list or leave aspects blank.

**Tick the degree of importance of each personal care activity to you using this scale:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

MY PERSONAL CARE <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)</i>
	1	2	3	4	YES	NO	

**My personal hygiene**

(e.g. Shower, bath, sponge?  
When? Water temperature?  
Equipment? Products?)

**My oral hygiene**

(e.g. How often? When?  
Product preferences?  
Flossing? Denture care?)

**My hair**

(e.g. Washing frequency?  
Time? Style? Hairdresser?  
Products? Brush/comb?  
Colour? Wig care?)

**My body/facial hair care**

(e.g. Facial hair? Body hair? Specific areas? e.g. eyebrows, legs, nose...)

MY PERSONAL CARE <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)</i>
	1	2	3	4	YES	NO	

**My nails**

(e.g. Frequency? Equipment for hands & toe nails? Nail polish?)

**My skin**

(e.g. Skin care routine for face? Hands? Body? Sunscreen? Pressure area care?)

**My toileting**

(e.g. Frequency? Cleanup? Walk/commode? Assistance required?)

**My continence care**

(e.g. Devices & products used? Storage? Disposal? Supplier? Subsidy? Bladder & bowel regime? Professionals?)

**My clothes**

(e.g. Help dressing? Clothing: Colours? Fabrics? Styles? Underwear? Special wear? Feel heat/cold?)



MY PERSONAL CARE <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)</i>
	1	2	3	4	YES	NO	

**My piercings**

(e.g. What is pierced? Care instructions? Products?)

**My mobility**

(e.g. Preferred method? Assistance? Equipment? Supplier?)

**My make-up**

(e.g. Day time? Special occasions? Products? Style? Instructions?)

**INSTRUCTIONS**

TO COMPLETE 4.6

Look through the A-Z index to prompt your thoughts and complete the worksheet with information about your home support activities - you don't have to provide information on each activity and you can add activities to the list.

Record the importance of each home support activity. Note if you need some help in any area and record preferences about your support. Include preferred supplier/provider and instructions. You can add activities to this list or leave aspects blank. NB personal care is covered in My Choices 4.5 and meals are covered in My Choices 4.7.

**Tick the degree of importance of each support activity to you using this scale:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

ACTIVITY (Record any activity of daily living with which you need help.)	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES (Record information/instructions about activity and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.)
	1	2	3	4	YES	NO	

Bed - making

Bed - changing linen

Correspondence - personal admin

Companionship - games, activities

Companionship - social visits & outings

Errands

Finances - bill paying

Gardening - lawns

Gardening - plants

ACTIVITY (Record any activity of daily living with which you need help.)	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES (Record information/instructions about activity and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.)
	1	2	3	4	YES	NO	

Gardening - pruning

Gardening - clean up

Gardening - weeding

Housework - tidying up, organising

Housework - cleaning

Housework - window cleaning

Housework - spring clean, decluttering

Laundry - sorting and doing wash

Laundry - hanging out & bringing in

Laundry - folding and putting it away

Laundry - ironing

<b>ACTIVITY</b> (Record any activity of daily living with which you need help.)	<b>IMPORTANCE TO ME</b>				<b>I NEED HELP</b>		<b>MY PREFERENCES</b> (Record information/instructions about activity and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.)
	1	2	3	4	YES	NO	
<b>Maintenance</b> - minor repairs, rubbish bins							
<b>Maintenance</b> - home modifications							
<b>Maintenance</b> - larger tasks, e.g. painting							
<b>Medication</b> - administer & monitor							
<b>Medication</b> - pick up scripts from pharmacy							
<b>Medication</b> - pick up scripts from pharmacy							
<b>Medication</b> - filling pill dispenser							
<b>Pet care</b> - feeding							
<b>Pet care</b> - vet, groom							
<b>Pet care</b> - walking							
<b>Pet care</b> - clean up							

ACTIVITY (Record any activity of daily living with which you need help.)	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES (Record information/instructions about activity and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.)
	1	2	3	4	YES	NO	

**Religious** - *pastoral care, counsel*

**Respite**

**Shopping** - *grocery*

**Shopping** - *clothes, gifts, occasions etc.*

**Technology set up** - *assist & maintenance*

**Transport** - *appointments*

**Transport** - *social, recreation, church*

**Transport** - *shops, bill paying etc.*

**FOOD ALLERGIES AND INTOLERANCES**

**MY FOOD/DRINK ALLERGIES/INTOLERANCES**

(List the food, drink or substance to which you are allergic in the table below.)

**RECORD REACTION TO FOOD/DRINK**

(Record what happens when you eat or come into contact with substance and the immediate care you need.)

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**ALCOHOLIC BEVERAGES**

(Tick boxes for your preferences and add any relevant information)

**I drink alcohol**  Yes  No

**I drink alcohol:**  Occasionally  weekly  daily  with dinner  at bedtime  
 other

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.....

.....

**My preferred alcoholic drink is:**  white wine  red wine  beer/ale/stout  spirits  liquors  mixed drinks  
 other

.....

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.....

**INSTRUCTIONS**

Use the A-Z index to prompt your thinking and then record your personal nutritional information. Record what support you require and your food and drink preferences.

TO COMPLETE 4.7

Record your preferences of the food and drinks that you enjoy and your preferred times and places to consume them e.g. breakfast in bed, lunch outside, tea at the dining table. Record the importance of each nutritional activity and if you need some help in any area. You can add items to this list or leave aspects blank.

**Tick the degree of importance of each nutrition routine to you using this scale:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

<b>MY NUTRITION</b> (Suggestions of things to record are provided but add anything important to you.)	<b>IMPORTANCE TO ME</b>				<b>I NEED HELP</b>		<b>MY PREFERENCES</b> (Record information that will help a person to effectively support you, eg. what foods you like, how you like them prepared, when you like to eat them, and where. Do the same for drinks. Include cultural information, special foods for religious festivals etc. What do you need help with? Names of special foods/drinks?)
	1	2	3	4	YES	NO	

**Breakfast**

*(e.g. Food? Drinks? Who makes it? Where you eat it?)*

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**Morning tea**

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**Lunch**

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**Afternoon tea**

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**Dinner/Tea**

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**Supper**

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<b>MY NUTRITION</b> (Suggestions of things to record are provided but add anything important to you.)	<b>IMPORTANCE TO ME</b>				<b>I NEED HELP</b>		<b>MY PREFERENCES</b> (Record information that will help a person to effectively support you eg. what foods you like, how you like them prepared, when you like to eat them, and where. Do the same for drinks. Include cultural information, special foods for religious festivals etc. What do you need help with? Names of special foods/drinks?)
	1	2	3	4	YES	NO	

**Snacks**

**My condiments**

*(e.g. specific condiments used to cook with or add to meals)*

**My health conditions**

*(e.g. diabetes, coeliac, heart/renal disease, diverticulitis, etc.)*

**My special dietary requirements**

*(e.g. cholesterol, constipation, hypertension, obesity, underweight, osteoporosis, etc.)*

**My nutritional supplements**

*(e.g. vitamins, minerals, herbs, supplements, etc.)*

**Do you have difficulty eating / drinking?**

*(e.g. mouth, teeth, swallowing, chewing, holding cups, etc.)*

**Do you require dietary assistance?**

*(e.g. food preparation, soft food, assistance, cutlery, cut up, etc.)*

**Writing a meal plan**



<b>MY NUTRITION</b> (Suggestions of things to record are provided but add anything important to you.)	<b>IMPORTANCE TO ME</b>				<b>I NEED HELP</b>		<b>MY PREFERENCES</b> (Record information that will help a person to effectively support you eg. what foods you like, how you like them prepared, when you like to eat them, and where. Do the same for drinks. Include cultural information, special foods for religious festivals etc. What do you need help with? Names of special foods/drinks?)
	1	2	3	4	YES	NO	

Favourite snacks

Shopping for food

Preparing food

Access to cupboards, benches, equipment

Serving food

Feeding yourself

Clean up after meal

Making tea/coffee

<b>MY NUTRITION</b> (Suggestions of things to record are provided but add anything important to you.)	<b>IMPORTANCE TO ME</b>				<b>I NEED HELP</b>		<b>MY PREFERENCES</b>
	1	2	3	4	YES	NO	(Record information that will help a person to effectively support you eg. what foods you like, how you like them prepared, when you like to eat them, and where. Do the same for drinks. Include cultural information, special foods for religious festivals etc. What do you need help with? Names of special foods/drinks?)

Favourite hot drinks

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Favourite cold drinks

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Favourite drink/s with meals

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Favourite fruits

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Favourite vegetables

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Favourite dairy

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Favourite breads

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Favourite take away

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Restricted foods

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**I use these practices to nurture my spirit:** (e.g. walk, meditate, mindfulness, creative activities, reminiscence, connect, worship, etc.)

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**I follow a religion:**

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.....

**My place of worship is:** (e.g. church, chapel, mosque, temple, shrine sacred site etc. Record details of attendance times and frequency. Record information to help workers to support your worship practice.)

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.....  
.....

**I like to participate in the following religious practices:** (e.g. study, attend worship services, prayer, meditation, sing, chant, read/listen/watch sermons, religious texts, ceremonies, country, objects, paintings etc. Record details.)

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**My religious advisor/clergy is:** (e.g. pastor, priest, imam, rabbi, etc. Record religious advisor's name.)

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**Record contact details**

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**My favourite religious book/readings include:** (eg. Holy Bible, Koran, Torah, Veda, Dream Time stories, etc. Record details.)

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**INSTRUCTIONS**

TO COMPLETE 5.1

Use the A-Z index to stimulate your thinking and follow the instructions and prompts on the worksheets, which are written in italics. Then record your preferences and instructions about the way you want to be cared for when you are dying.

You may find the discussion starter at <http://dyingtotalk.org.au/discussion-starter/> a useful tool to think about what you may want.

Tick the boxes to let people know how important each item is to you, and whether or not arrangements are already made for that item. You can add to this list, or leave aspects blank.

**Tick the degree of importance of each item to you using this scale:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

<b>MY DYING WISHES</b> (Suggestions of things you may wish to record are provided. Add anything that is important to you.)	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> (Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)
	1	2	3	4	YES	NO	

**What would be most important to you as you near the end of life?** *(e.g. to die at home, have my pet/s nearby, not left alone, to be included into normal family activity, to go to church, etc.)*

**Which people are most important to you as you near the end of life?** *(e.g. my family, my closest friends, my church, etc.)*

**How important is having information about your treatment?** *(e.g. Best case scenario of treatment options? Worst case scenario? Detailed explanations? Little information? etc.)*

**Have you completed an 'Advance Care Plan' (ACP)?** *(Record the location of your ACP and your substitute decision maker's name and contact details)*

MY DYING WISHES (Suggestions of things you may wish to record are provided. Add anything that is important to you.)	IMPORTANCE TO ME				ARRANGEMENTS ARE MADE		MY PREFERENCES (Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)
	1	2	3	4	YES	NO	

**What environment would you like when you are dying?**

*(e.g. I prefer quiet, not too many people, full of conversation, only my partner, immediate family present, friends dropping by, etc.)*

**Would you like music playing?** *(e.g. What type? Genres? Play lists? Music at certain times, music all the time?)*

**Would you like to go outside if possible?** *(e.g. being in a garden, feeling the sun and the breeze, etc.)*

**Are there people you want involved in your care?** *(e.g. palliative care team, GP, pastor/priest/religious leader, counsellor, etc.)*

**Are there people you want to see before you die?** *(e.g. children, grandchildren, old friends, estranged family, etc.)*

**Is there 'unfinished business' to complete before you die?** *(e.g. people to forgive, to ask forgiveness from, 'skeletons in the closet' to confess, etc.)*

MY DYING WISHES (Suggestions of things you may wish to record are provided. Add anything that is important to you.)	IMPORTANCE TO ME				ARRANGEMENTS ARE MADE		MY PREFERENCES (Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)
	1	2	3	4	YES	NO	

**Are there people you wish to speak to?** (e.g. to say "I love you", to thank, to share history with, to say goodbye? etc.)

**Are their topics and/or people you would like to talk to?** (e.g. talk about childhood, reminisce about work, talk about finances, talk about religious beliefs, reminisce about family holidays, etc.)

**Would there be any food/ drinks you would prefer?** (e.g. favourite drink or food you may want to share, etc.)

**Do you have a spiritual/ religious advisor you prefer?** (e.g. pastor, priest, chaplain, reverend, elder, rabbi, imam, guide, etc.)

**Are there any cultural or religious practices/ you would prefer?** (e.g. specific prayers, readings, last rites, etc.)

**Do you have a 'bucket list' of things you want to do before you die?** (e.g. visiting a religious site, seeing a child married, seeing a child graduate, etc.)

<b>MY DYING WISHES</b> (Suggestions of things you may wish to record are provided. Add anything that is important to you.)	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> (Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)
	1	2	3	4	YES	NO	

**Where would you prefer to die if you had a choice?**  
 (e.g. hospital, hospice, aged care facility, at my home, home of a family member)

**Would you like a special celebration before you die?** (e.g. a party, Holy Communion)

**How do you want to communicate to others as you are dying?** (e.g. a phone message updated daily, a daily blog update, a designated person to contact, etc.)

**Do you like having visitors? What should they do with you?** (e.g. length of time to stay, hold my hand, tell me a joke, pray with me, read to me, sit in silence, etc.)

**Would you be prepared to donate your organs or tissues?** (e.g. Do you have details registered at Donate Life?)



Keep this information confidential and store it in a secure location.

**INSTRUCTIONS**

TO COMPLETE 5.2A

Use the A-Z index to prompt your thinking and follow the instructions on the worksheet, which are written in italics. Record where your family/executor can locate various documents.

**MY INFORMATION**

(Record accurate details of this information.)

**MY DETAILS / PREFERENCES**

(Record accurate information about each item to inform death certificate and death notices. If you are unsure leave it blank. If there are relevant documents such as certificates please indicate where these are kept.)

**My full name** (*Write your full name as on your birth/marriage certificates.*)

**My preferred name/nick name** (*If you prefer to use another name/nickname for eulogy.*)

**My birth place & date of birth** (*Place and date on birth certificate. Where is it kept?*)

**Marriage date** (*Date on marriage certificate. Where is it kept?*)

**My mother's name & date of birth** (*Mother's full name and maiden name*)

**My father's name & date of birth** (*Father's full name*)

**My spouse's date & place of birth** (*Date and place on death certificate*)

**My spouse's date & place of death** (*Date and place on death certificate*)

**MY INFORMATION**

(Record accurate details of this information.)

**MY DETAILS / PREFERENCES**

(Record accurate information about each item to inform death certificate and death notices. If you are unsure leave it blank. If there are relevant documents such as certificates please indicate where these are kept.)

**My previous marriage/s**

(Name former spouse/s, date and place of marriage/s)

---

**My children's names & date of birth** (Full children's names and their preferred names)

---

**My sibling/s names**

(Sibling's full name and their preferred names)

---

**My grand children's names**

(Grandchildren's full name and their preferred names)

---

**My great grand**

**children's names** (Great grandchildren's full name and their preferred names)

---

**My lawyer's name** (Record the name and contact details of lawyer and/or legal firm dealing with your estate)

---

**My executor's name**

(Record the name and contact details of nominated executors of your estate)

---

**My Will is kept** (Record the location of where your original and certified copies of your legal Will are kept)

---

### INSTRUCTIONS

TO COMPLETE 5.2B

In Part B tick the boxes to let people know how important each item is to you, and whether it should be included in your eulogy. You don't have to complete every section and you may wish to include different material. It's up to you!

Record how important each item is to you using the following scale:

Tick the degree of importance of each item to you using this scale:

**1** = no importance at all   **2** = not that important   **3** = fairly important   **4** = very important

#### MY INFORMATION

(Record information about your life to inform your eulogy.)

#### IMPORTANCE TO ME

1   2   3   4

#### INCLUDE IN EULOGY

YES   NO

#### MY PREFERENCES

(Record brief information about these items. If you are unsure or you don't care, then leave it blank. If there are relevant documents then indicate where they are kept.)

#### My early childhood

(e.g. birth place, where you lived, interesting items about childhood)

---

#### My schooling

(e.g. interesting facts, awards, funny stories)

---

#### My education

(e.g. which schools, what years, qualifications and achievements)

---

MY INFORMATION (Record information about your life to inform your eulogy.)	IMPORTANCE TO ME				INCLUDE IN EULOGY		MY PREFERENCES (Record brief information about these items. If you are unsure or you don't care, then leave it blank. If there are relevant documents then indicate where they are kept.)
	1	2	3	4	YES	NO	

**My military service**  
(e.g. war or military service, awards, relevant details)

---

**My employment service**  
(e.g. the places you worked, your roles, years of service, a funny story)

---

**My religious affiliation**  
(e.g. your church, roles, activities, important aspects)

---

**My memberships**  
(e.g. club memberships, positions held, achievements)

---

MY INFORMATION	IMPORTANCE TO ME				INCLUDE IN EULOGY		MY PREFERENCES
(Record information about your life to inform your eulogy.)	1	2	3	4	YES	NO	(Record brief information about these items. If you are unsure or you don't care, then leave it blank. If there are relevant documents then indicate where they are kept.)

**My community service**  
 (e.g. sport achievements, volunteering, etc.)

---

**How/where I met my spouse**  
 (e.g. What's your love story, any funny memories?)

---

**My family history**  
 (e.g. migrant, pioneer, refugee, church founder, Indigenous elder, etc.)

---

**My favourite sayings**  
 (e.g. Do you have favourite or funny sayings you use?)

---

MY INFORMATION	IMPORTANCE TO ME				INCLUDE IN EULOGY		MY PREFERENCES
(Record information about your life to inform your eulogy.)	1	2	3	4	YES	NO	(Record brief information about these items. If you are unsure or you don't care, then leave it blank. If there are relevant documents then indicate where they are kept.)

**My pass times, hobbies, activities** (e.g. What hobbies, activities, interests, did/do you enjoy?)

---

**My favourite food & drink** (e.g. What are your favourite foods? Do you enjoy a special drink? etc.)

---

**My special songs, music, or instrument** (e.g. What do you enjoy singing or listening to? Why is it special?)

---

**Any other stories, words, occasions** (e.g. Any significant/special/funny stories or messages that you want passed on?)

---

DATE:

**INSTRUCTIONS**

TO COMPLETE 5.3

Use this form to record the existence of, and instructions for, any memorial remembrances you have. State to whom they should be given and when, where to locate them, and specific instructions you have.

Use the A-Z index to prompt your thoughts and follow the instructions written in italics on the worksheet and record your wishes. Note what is important to you and what you have already planned. Use this form as a guide. Only complete the details that are important to you. Revisit your form and change/add details as often as you wish.

Tick the columns to record how important an issue is to you, whether or not you already have arrangements. Record how important each arrangement is to you using the following scale:

**Tick the degree of importance of each item to you using this scale:**

**1** = no importance at all    **2** = not that important    **3** = fairly important    **4** = very important

In the final column note your preferences for various items. Record details of prepaid or pre-arranged items and where the required paperwork is stored for these arrangements.

MY DYING WISHES <i>(Suggestions of things you may wish to record are provided. Add anything that is important to you.)</i>	IMPORTANCE TO ME				ARRANGEMENTS ARE MADE		MY PREFERENCES <i>(Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)</i>
	1	2	3	4	YES	NO	

**Funeral home**

*(Record name & contact details)*

**Funeral director**

*(Record name & contact details)*

**Prepaid funeral plan**

*(Record details and location of prepayment deeds)*

**Funeral notification**

*(e.g. Are there special places, people to notify of your death?)*

**Obituary (death notice)**

*(e.g. Where should notice go? What should it say?)*

**Coffin/casket choice**

*(e.g. wooden, casket, basket, shroud, life art, recycled box, etc.)*

<b>MY DYING WISHES</b> <i>(Suggestions of things you may wish to record are provided. Add anything that is important to you.)</i>	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> <i>(Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)</i>
	1	2	3	4	YES	NO	

**BURIAL DETAILS**

**Burial clothing** (How you want to be dressed? e.g. own clothes, robe, suit, hair, makeup, jewellery)

---

**If it's possible, may people view your body?**  
(e.g. family only, pre-funeral viewing, open casket )

---

**Photograph for display/memorial** *(Do you have any photos you really like?)*

---

**Cemetery details**  
(e.g. name, address, and plot section & number)

---

**New/existing grave**  
(e.g. family plot, prepaid plot section & number)

---

**Location/Plot No.**

---

**Type of burial**  
(e.g. earth, crypt, mausoleum, embalming)

---

**Headstone/Plaque**  
(e.g. type of memorial piece, burial rites and remains returned to country, etc.)

---

**Inscription on headstone**

---

**Special wishes**  
(e.g. any items you wish to be buried with)

---



<b>MY DYING WISHES</b> <i>(Suggestions of things you may wish to record are provided. Add anything that is important to you.)</i>	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> <i>(Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)</i>
	1	2	3	4	YES	NO	

**CREMATION DETAILS**

**Urn details**

---

**What should happen to your ashes?**

---

**Any memorial**  
(include inscription)

---

**FUNERAL SERVICE**

**Type of funeral service**  
(e.g. religious, memorial (without body), graveside, mass, rosary, private, committal, no service)

---

**Funeral service location**  
(e.g. church, worship centre, chapel, garden, beach, oval, etc.)

---

**Person to lead service**

---

**Transportation**  
(e.g. hearse, carriage, funeral route, etc.)

---

**People to carry your coffin**  
(pall bearers) *(Record names and contact details of each person)*

---

<b>MY DYING WISHES</b> <i>(Suggestions of things you may wish to record are provided. Add anything that is important to you.)</i>	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> <i>(Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)</i>
	1	2	3	4	YES	NO	

**FUNERAL SERVICE**

**Coffin at service**

*(e.g. position of coffin, open/closed, before/during service, etc.)*

**Covering/items on coffin**

*(e.g. flag for veterans, memorabilia, photos, personal items, etc.)*

**Memorial register, card**

**booklet, photo** *(e.g. book to record name and jot a memory of the person, etc.)*

**Military, social service**

**members to invite** *(e.g. record names & email or phone numbers for these people)*

**Indigenous 'sorry business'**

**wishes** *(e.g. Indigenous song, dance, ritual, country for return of remains if desired, etc.)*

**Scripture, readings, poems, prayers**

*(e.g. make a list of your favourite readings, verses, etc.)*

**Who should read them**

*(e.g. your family, friend, loved one, pastor/priest, etc.)*

**Flowers**

*(e.g. discretion of family, no flowers, gift in lieu of flowers)*

<b>MY DYING WISHES</b> <i>(Suggestions of things you may wish to record are provided. Add anything that is important to you.)</i>	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> <i>(Record information about each item and how you want it performed if this is important to you. If you are unsure or don't care leave it blank.)</i>
	1	2	3	4	YES	NO	
<b>FUNERAL SERVICE</b>							
<b>Music, songs, hymns, chants, to be sung</b> <i>(e.g. list favourite music, hymns, songs vocalists to sing them, etc.)</i>							
<b>Memorial donation</b> <i>(e.g. Do you want people to give a memorial donation to a charity?)</i>							
<b>Preferred charity/charities</b> <i>(e.g. record the charity/cause you would like donations to go to.)</i>							
<b>Eulogy</b> <i>(e.g. who should prepare and deliver it? Have you any documents prepared? etc.)</i>							
<b>Venue for post funeral gathering</b> <i>(e.g. Do you have a place organised? A favourite spot?)</i>							
<b>Honouring me after death</b> <i>(e.g. Do you prefer a gift to a charity/ cause, an object such as memorial bench, a tree, perpetual trophy, scholarship, a ritual, no honours, etc.)</i>							

<b>MY REMEMBRANCES</b> <i>(Any remembrance item such as personal belongings, heirlooms, sentimental items, letters, etc.)</i>	<b>IMPORTANCE TO ME</b>				<b>ARRANGEMENTS ARE MADE</b>		<b>MY PREFERENCES</b> <i>(Record all remembrance/memorial items, state the person/s to receive them, where the items are stored and access details, when they should it be given, and any relevant instructions.)</i>
	1	2	3	4	YES	NO	

**Cards/Letters**

(e.g. a farewell card, letter, photo for loved ones)

**Collections**

(e.g. collections of stamps, dolls, antiques coins, etc.)

**Gifts**

(e.g. Do you want to gift any items such as handmade goods?)

**Memory box**

(e.g. favourite recipes, notes, music, items that share moments in time, etc.)

**Photo albums**

(e.g. favourite photos preserve memories.)

**Video**

(e.g. video stored or uploaded & sent electronically for a specific date/event of your choosing.)

**Spiritual**

(e.g. document practices, prayers, music, verse, song, scriptures that helped you throughout life)

# My Choices Feedback



1) What is your overall assessment of the My Choices resource?

(1 = insufficient – 5 = excellent)    1     2     3     4     5

2) Which topics or aspects of the resource did you find most useful?

.....  
.....  
.....  
.....

3) Have your expectations of this resource been met?

(1 = insufficient – 5 = excellent)    1     2     3     4     5

4) Are the My Choices sections useful/applicable to your situation

(1 = not at all – 5 = most definitely)

MY CHOICES SECTION	1	2	3	4	5
Section 1 My Personal Contacts					
Section 2 My Personal Administration					
Section 3 My Health					
Section 4 My Care					
Section 5 My Death					

5) How do you think the My Choices resource could be made more effective?

.....  
.....  
.....

6) Comments and suggestions to add, delete, expand, explain for future editions?

.....  
.....  
.....

7) Any further comments or suggestions

.....  
.....  
.....

**Please send you feedback and suggestions to:**

Baptist Care (SA) Inc. Church Support Team  
130 Rose Tce, Wayville, South Australia, 5034

**For more information email:**

Anne van Loon - [avanloon@baptistcaresa.org.au](mailto:avanloon@baptistcaresa.org.au) or  
Vicky Legge - [vlegge@baptistcaresa.org.au](mailto:vlegge@baptistcaresa.org.au)

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