My Choices 1.1 MY PERSONAL CONTACTS

DATE:



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IN O	1 15 1	JU	HU	NS

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.

Ν	/1	y	'	p	е	r	S	6	0	n	8	al	a	C	de	d	r	е	S	S	5	k)(0	0	k	(C	a	n	1	b	е	1	fo	Ol	u	n	d	l:								

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

NAME	RELATIONSHIP	PHONE	EMAIL	ADDRESS	NOTES

(CONTINUED)



NAME	RELATIONSHIP	PHONE	EMAIL	ADDRESS	NOTES



2.1 A MY IDENTITY RECORDS

DATE:

baptist care sa

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

INSTRUCTIONS

TO COMPLETE 2.1A

Use the A-Z index 2 as a prompt and write the names of your identity records, record ID numbers in appropriate columns. Record where your original and certified copies are kept, e.g. Birth, Marriage, Death, Citizenship, Divorce papers, Taxation papers, Passports, etc.

MY IDENTITY DOCUMENTS	ID NUMBER (IF APPLICABLE)	WHERE IS ORIGINAL KEPT?	WHERE IS CERTIFIED COPY KEPT?



2.1 B MY ENTITLEMENTS RECORDS

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

DATE:



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



2.2 MY DIGITAL IDENTITY

DATE:



Do not record your username or passwords on this sheet. That information should be kept confidential and stored it in a secure location.

INSTRUCTION

TO COMPLETE 2.2

Look through the A-Z index and write the names of your accounts and social media profiles which make up your digital identity on this worksheet. Document each account type and name, stating where the user name and password are kept and specific instructions for each digital account.

It is helpful to nominate a digital administrator and provide a signed letter of authority for your nominated person to act on your behalf for the recorded accounts.

My Digital Administrator is:	
My letter of authority is kept:	

ACCOUNT TYPE ACCOUNT NAME WHERE IS USER NAME KEPT?

WHERE IS PASSWORD KEPT?

INSTRUCTIONS FOR THIS ACCOUNT





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

INSTRUCTIONS

TO COMPLETE 2.3A

Your financial assets include your cash, savings, deposits, cheque accounts and investments. Fill in worksheet with details of the institution holding the asset, the signatories and location of any records associated with each asset.

institution (e.g. bank, trust, credit union, pension plan, etc.)	BRANCH (Record address, contact details, phone, email)	ACCOUNT NUMBER (Record identification number)	ACCOUNT TYPE	SIGNATORIES	LOCATION OF RECORD/S (e.g. cheque book, statements, etc.)



2.3 B MY OTHER ASSETS

DATE:



INSTRUCTIONS

TO COMPLETE 2.3B

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

Your other valuable assets may include: property, motor vehicles, boats, collectibles, antiques, art works, heirlooms, time shares, tools, livestock, patents, royalties, etc.

Record details and descriptions of each asset. Include location of record of ownership and other important documents relating to each asset in the relevant column of the table. Add additional information as needed.

TYPE OF ASSET

(e.g. house, car, jewellery, insurance, etc.)

DETAILS

(e.g. owner & type of ownership, location of asset, date acquired, description, policy No.)

DESCRIPTION & LOCATION

(e.g. title, deed, valuation, certificate, registration, warranties, certificate of authenticity, insurance policy docs. Where are records kept?)

ADDITIONAL INFORMATION

(e.g. beneficiary information, value, etc.)



2.4 MY DEBTS AND MY BILLS

DATE:



INSTRUCTIONS

TO COMPLETE 2.4

Look through the A-Z index to prompt you regarding your debts, liabilities and bills. Record them on the worksheet using the relevant columns. Under 'Frequency' and 'How paid' columns, record how each bill is paid, e.g. cash, BPay, direct debit and how often,

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

e.g. monthly. Notes can include if an account is in joint names, or which contact person

you liaise with in a particular company.

NAME OF INSTITUTION LENDING MONEY	TYPE OF DEBT	DEBT IN NAME OF	ACCOUNT/ CARD NUMBER	LOCATION OF RECORD	NOTES



THIS INFORMATION IS PRIVATE AND CONFIDENTIAL. IF FOUND PLEASE RETURN TO:
(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

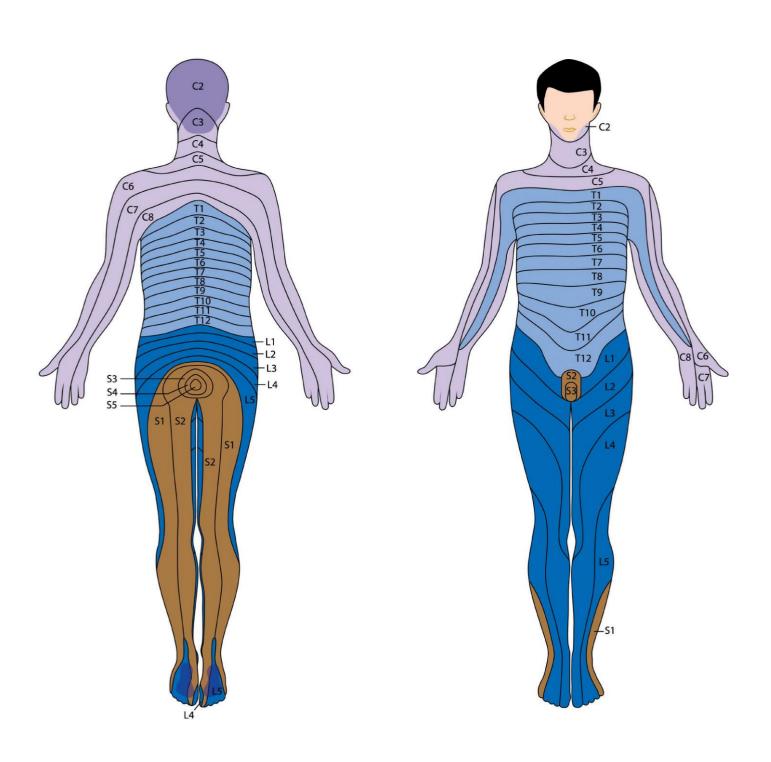
TO COMPLETE 3.1

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 (0	GP) is:
Medical Centre/Cl	linic address:
Phone No.	
Email:	
MY FAMILY MEDI	CAL HISTORY
	rious conditions in your family's medical history, e.g. asthma, cancer, diabetes, endocrine y, heart conditions, high blood pressure, mental health conditions, neurological conditions, tions, etc.)
MY PRIMARY (MA	AIN) DIAGNOSIS
My primary condi	ition/s are diagnosed as:



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







MY SIGNIFICANT HEALTH AND HOSPITALISATION HISTORY

Write down any major illness events, surgeries, or hospital admissions that you have had. Insert the date if you know it, or the year/age the event occurred. If you know why you had the procedure, or surgery, please note this. Also note if you were/are a substance user, e.g. cigarettes, alcohol, any other drugs you used in the past, or currently use.

MY ILLNESS	MY AGE	OTHER RELEVANT INFORMATION
(e.g. Any surgery, procedures, hospitalisations, chronic conditions, substance use, etc.)	(e.g. Date/year at time of event.)	(e.g. Reason for procedure, treatment outcomes, etc.)





MY ALLERGIES OR SENSITIVITIES

Document if you have any allergies to medication, food, substances and the type of reaction you have and how it is treated/managed

I HAVE THE FOLLOWING ALLERGIES: (Include medication, food, objects to which you are sensitive, etc.)	I USUALLY HAVE THIS REACTION TO THE ALLERGEN (Write what happens when you come in contact with the allergen – and the care you need after such contact.)





MY IMMUNISATION HISTORY

Write down the date and information about your immunisations. Australian immunisation schedules are updated regularly and your GP knows what immunisations you require, so speak to them about relevant immunisations for your age and condition. Keep accurate details of your immunisations.

IMMUNISATION	





MY SCREENING AND DIAGNOSTIC TEST CHECKLIST

Discuss your health screening with your doctor. Record the tests and examinations that you need to monitor to improve your health and prevent complications from your condition/s.

TEST & EXAMINATIONS (Discuss your health screening with your GP)	WHEN TO HAVE TEST	DATE OF LAST TEST	NEXT TEST DUE	RESULTS & TEST NOTES





MY SCREENING AND DIAGNOSTIC TEST CHECKLIST (CONTINUED)

TEST & EXAMINATIONS (Discuss your health screening with your GP)	WHEN TO HAVE TEST	DATE OF LAST TEST	NEXT TEST DUE	RESULTS & TEST NOTES





INSTRUCTIONS

TO COMPLETE 3.2

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.

AME	TAKE	PER DA		TAKE	IT	(Record co	CEASED	ATION.
I need help regar	ding medic	cations to	:					
arrange p	rescriptions		Yes	No			 	
 collect pre 	escriptions		Yes	No			 	
 administe 	r/take medi	cation	Yes	No			 	
My prescriptions		d:					 	
My local pharma	cy is:						 	
Contact details:	(name. em	ail, phone	e, mobile.	address	s)			
	,	, p	,				 	



3.3 MY CURRENT HEALTH ISSUES

DATE:



INSTRUCTIONS

TO COMPLETE 3.3

Keep a record of any current or changing health issues. It will help the people caring for you to plan your support with you. It is important to update this information when anything changes regarding your health. This will also remind you to tell your health workers.

CURRENT	
HEALTH ISSUE	/S

(Note all relevant ongoing and new issues.)

DATE RELEVANT INFORMATION

(Note information your carers and support workers need to know to support you.)







MY UPCOMING APPOINTMENTS

Keep a record of your health appointments. Include medical (doctor), nursing, allied health, complementary health and community appointments that you have. It will assist workers to plan your care if they can see who else is involved in supporting your health care and when you are next due to visit them.

I HAVE AN APPOINTMENT WITH:	DATE & TIME	RELEVANT INFORMATION
(Write name of person you are to see and where you will see them.)		(Write reason for appointment and any relevant instructions re your plan of care.)
- See and where you will see them.)		





INSTRUCTIONS

TO COMPLETE 3.4

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.

I use the following equipment and aids:
For equipment used provide information so workers' can use it safely

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



3.5 MY EMERGENCY PLANS AND PREPARATIONS



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	y No.	
I have an 'Emergency Medical Informa	tion Book' on my fridg	ge: Yes No	
I have an Advance Care Directive:	Yes No	I want to develop one	
My Advance Care Directive can be fou	nd		
My Substitute Decision Makers are:			
	Mobile No:	Email:	
	Mobile No:	Email:	
My blood group is			
My name is on the organ donor registe	er Yes No		
I wish to become an organ donor	Yes No	I want more information	
MY CONDITION ACTION BLAN	WHE	PE IS IT LOCATED?	
MY CONDITION ACTION PLAN (e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	
		RE IS IT LOCATED?	
(e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	
(e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	
(e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	
(e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	
(e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	
(e.g. Asthma, Epilepsy, Allergies, Chronic		RE IS IT LOCATED?	



4.1 CHOOSING MY SUPPORT WORKERS

If a worker is supporting you with your care, or with services in your home, what kind of a person or

personality would you be hoping for? (e.g. professional, happy, hopeful, positive, etc.)



INSTRUCTIONS

TO COMPLETE 4.1

Complete the worksheet with information by following the instructions and prompts in each section of the worksheet that are written in italics. Note the degree of importance for each quality you require in your support workers.

DATE:

You can use the guide for a list of knov important to you.	vn qua	ılities	of et	ffectiv	ve support workers. Record any qualities that are
Tick the degree of importance of ea	ch aua	ality	to vo	ou us	ing this scale:
1 = no importance at all 2 = not that					
MY SUPPORT WORKERS	IMPO	ORT.	ANC	E	MY PREFERENCES
(This list includes known qualities of effective support workers. Add any that are important to you.)		2	3	4	(Record information about how you would prefer your workers to behave toward you.)



My Choices 4.1 CHOOSING MY SUPPORT WORKERS (CONTINUED)



or entenue support workers. Add any that are important (o you.) 1 2 3 4	MY SUPPORT WORKERS (This list includes known qualities	IMP TO	ORT ME	ANC	E	MY PREFERENCES (Record information about how you would prefer your
	of effective support workers. Add any that are important to you.)	1	2	3	4	





INSTRUCTIONS

TO COMPLETE 4.2

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

	1
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 Choices 4.2 ABOUT ME

DATE:



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.



4.2 ABOUT ME

DATE:



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.





MY IMPORTANT CONNECTIONS

These people are important to me. I want to stay in regular contact with them.

NAME (Record person/family or group.)	(Record address, phone, mobile, email.)	ADDITIONAL INFORMATION (e.g. How often you meet? Their relationship to you.)

My Choices **4.2 ABOUT ME** DATE:



MY INTERESTS AND ACTIVITIES

Create a list of activities using the A-Z index as a prompt. Record your personal interests, the things you enjoy and wish to keep participating in for as long as you can. It helps to record the activities you really dislike so workers know what you definitely do not want to participate in.

I am interested in and want to participate in the following activities:
I am NOT interested in and do not want to participate in the following activities:
Tail NOT interested in and do not want to participate in the following activities.





MY OCCASIONAL CONNECTIONS

These are people I want to stay connected to occasionally.

NAME (Record person/family or group.)	(Record address, phone, mobile, email.)	ADDITIONAL INFORMATION (e.g. How often you meet? Their relationship to you.)

My Choices 4.2 ABOUT ME DATE:



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.





MY PLACES OF CONNECTION

These are local or distant places that have shaped who you are which you may wish to visit in person, or via photos or videos.

NAME (Record place or event such as home, holidays, special events, church, etc.)	ADDITIONAL INFORMATION (e.g. How do you enjoy reminiscing, or visiting these places/ events?)



MY STORY

You can create a short life story with background information so your support workers, family and friends who visit get to know a bit about you. Add photos if you wish. You may briefly cover:

- Where you were born: Your country, your childhood, your family history.
- Your culture: Your important customs, traditions, and special celebrations.
- Your spirituality: Your faith life, religion and its key practices.
- Your adult life: Where you lived, your family, your extended family/kin, your work paid and voluntary,

your activities, your pastimes, your achievements, your causes, your important memories.

- Your legacy: Tell us what is really important to you and why?
- Your life now: What/who is most important to you now? What would you like to say to them?

What would you like to say to us so we can support you effectively?

About Me





MY SUPPORT PEOPLE - INDIVIDUALS, GROUPS, AGENCIES

If you completed My Choices worksheet **1.1** and included your support people in that section you do not need to repeat that information if it is the same. Just make a note "Refer to **1.1**" Make sure you record contact details, recording how each person can best support you and how often you would like that support.

The following people /agencies provide me with support/assistance:

NAME (Record name of person or agency.)	RELATIONSHIP TO YOU (e.g. family, friend, agency, neighbour, church, club, etc.)	TYPE OF ASSISTANCE (Record what support you prefer from them and frequency, e.g. decision making, home care, personal care, etc.)	CONTACT DETAILS (Record address, phone, mobile, email.)





TO COMPLETE 4.2

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

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.)
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.)
How can a worker best show their concern for you if you are upset?
(a g sitting poyt to me touching my shoulder holding my hand, making over contact, etc.)
(e.g. sitting next to me, touching my shoulder, holding my hand, making eye contact, etc.)
(e.g. sitting flext to file, touching my shoulder, holding my fland, making eye contact, etc.)
(e.g. sitting flext to file, touching my shoulder, holding my fland, making eye contact, etc.)
What actions would you find disrespectful or uncomfortable from a worker?
What actions would you find disrespectful or uncomfortable from a worker?
What actions would you find disrespectful or uncomfortable from a worker?
What actions would you find disrespectful or uncomfortable from a worker?
What actions would you find disrespectful or uncomfortable from a worker?





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.

ı	MY ROUTINES (Suggestions of things to record are provided but add anything important to you.)						ED O	MY PREFERENCES (Record information that will help a person to effectively support you.)
		1	2	3	4	YES	NO	Checurally support you.

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

(Suggestions of things to record are provided but add anything important to you.)

IMPORTANCE TO ME I NEED HELP

MY PREFERENCES

(Record information that will help a person to effectively support you.)

1 2 3 4 YES NO

My afternoon routine

(e.g. What do you do? Order you do it? Naps? Importance of flexibility?)

My nap routine

(e.g. Morning/afternoon? Chair/bed? Length? Blanket/ pillow?)

My relaxation routine

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

My night routine

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



DATE:



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.

	MY ENVIRONMENT (Suggestions of things to record are provided but add		PORT ME		CE	I NEI HELI	•	MY PREFERENCES (Record information that will help a person to effectively support you.)
-	anything important to you.)	1	2	3	4	YES		encouvery support you.

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

(Suggestions of things to record are provided but add anything important to you.)

IMPORTANCE TO ME I NEED HELP

4 YES NO

MY PREFERENCES

(Record information that will help a person to effectively support you.)

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.)



DATE:



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 (Suggestions of things to record are provided but add				I NEI HELI	P	MY PREFERENCES (Record information about activity and how you like it performed include frequency, preferred times,	
	1	2	3	4	YES		products, equipment, persons involved and further instructions.)

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

My Choices

(Suggestions of things to record are provided but add anything important to you.)

IMPORTANCE TO ME I NEED HELP

4 YES NO

MY PREFERENCES

(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)

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

(Suggestions of things to record are provided but add anything important to you.)

IMPORTANCE TO ME

I NEED HELP

4 YES NO

MY PREFERENCES

(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)

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?)



DATE:



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	(Record any activity of daily TO ME HELP (Record information/instructions about		MY PREFERENCES (Record information/instructions about activity - and how you like it performed include frequency				
help.)	1	2	3	4	YES	NO	preferred times, products, equipment, persons and details, etc.)
Bed - making							
Bed - changing linen							
Correspondence - personal admin							
Companionship - games, activities							
Companionship - social visits & outings							
Errands							
Finances - bill paying							
Gardening - lawns							
Gardening - plants							





(Record any activity of daily living with which you need	TO	ME	ANC	, E	HELF) 	(Record information/instructions about activity - and how you like it performed include frequency
help.)	1	2	3	4	YES	NO	preferred times, products, equipment, persons and details, etc.)
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							

My Choices 4.6 MY HOME SUPPORT

(CONTINUED)



I NEED HELP IMPORTANCE TO ME **MY PREFERENCES** and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.) YES NO Maintenance - minor repairs, rubbish bins Maintenance - home modifications Maintenance - larger tasks, e.g. painting Medication - administer & monitor Medication - pick up scripts from pharmacy Medication - pick up scripts from pharmacy Medication - filling pill dispenser Pet care - feeding Pet care - vet, groom Pet care - walking Pet care - clean up





ACTIVITY (Record any activity of daily living with which you need	TO	ORT ME	ANC	HELP (Record information/instruc		ED P	MY PREFERENCES (Record information/instructions about activity - and how you like it performed include frequency
help.)	1	2	3	4	YES	NO	preferred times, products, equipment, persons and details, etc.)
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	F00	D/DRI	INK A	ALLE	RGIES
INT	OLEF	RANC	ES		

(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.)

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



4.7 MY NUTRITIONAL SUPPORT

DATE:



INSTRUCTIONS

TO COMPLETE 4.7

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.

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

MY NUTRITION (Suggestions of things to record are provided but add anything important to you.)		them, and where. Do the same for drinks. Include————————————————————————————————————		(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			
	1	2	3	4	YES	NO	festivals etc. What do you need help with? Names of special foods/drinks?)
Breakfast (e.g. Food? Drinks? Who makes it? Where you eat it?)							
Morning tea							
Lunch							
Afternoon tea							
Dinner/Tea							
Supper							



MY NUTRITION (Suggestions of things to record are provided but add anything important to you.)	IMP TO		ANC	E	I NEI		MY PREFERENCES (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	
	1	2	3	4	YES	NO	festivals etc. What do you need help with? Names of special foods/drinks?)	
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								



(Suggestions of things to record are provided but add anything important to you.)		ME			ייייייייייייייייייייייייייייייייייייי	(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	
	1	2	3	4	YES	NO	festivals etc. What do you need help with? Names of special foods/drinks?)
Favourite snacks							
Shopping for food							
Preparing food							
Access to cupboards, benches, equipment							
Serving food							
Feeding yourself							
Clean up after meal							
Making tea/coffee							





IMPORTANCE TO ME **MY NUTRITION MY PREFERENCES** HELP 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?) 4 YES NO **Favourite hot drinks** Favourite cold drinks Favourite drink/s with meals **Favourite fruits Favourite vegetables Favourite dairy Favourite breads** Favourite take away **Restricted foods**







I use these pra connect, worsh	actices to nurture my spirit: (e.g. walk, meditate, mindfulness, creative activities, reminiscence, nip, etc.)
follow a relig	jion:
	orship is: (e.g. church, chapel, mosque, temple, shrine sacred site etc. Record details of attendance uency. Record information to help workers to support your worship practice.)
	ipate in the following religious practices: (e.g. study, attend worship services, prayer, meditation, ad/listen/watch sermons, religious texts, ceremonies, country, objects, paintings etc. Record details.)
My religious a	dvisor/clergy is: (e.g. pastor, priest, imam, rabbi, etc. Record religious advisor's name.)
Record contac	et details
My favourite r e	eligious book/readings include: (eg. Holy Bible, Koran, Torah, Veda, Dream Time stories, etc.



My Choices 4.8 MY SPIRITUAL SUPPORT (CONTINUED)



My religious dietary requirements include: (e.g. fasting, prohibited/restricted foods/drinks, cooking methods, encouraged foods etc.)
My special religious holidays/celebrations to observe include: (e.g. Lent, Easter, Christmas, Ramadan, Passover, Hanukkah, Holi, Nirvana Day, etc. Record date and details of how workers can support you to observe this celebration.)
My religious rituals/observances to practice include: (e.g. Ceremonies and practices prescribed by religions or personal rituals that nurture the spirit e.g. communion, confession, healing, remembrance, offerings, smoking ceremony, etc. Provide details: purpose, when, how and who to contact to perform the ritual.)



5.1 MY DYING WISHES

DATE:



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

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

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)

before you die? (e.g. people to forgive, to ask forgiveness from, 'skeletons in the closet' to confess, etc.)

(CONTINUED)



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



MY DYING WISHES

(Suggestions of things you may wish to record are provided. Add anything that is important to you.)

IMPORTANCE TO ME

ARRANGE-MENTS ARE MADE

NO

YES

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

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.)

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

Life?)



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



5.2 A MY INFORMATION

DATE:



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 notices. If you are unsure leave it blank. If there are relevant documents and the second process indicate where these are kept.)

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

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)



DATE:



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		PORT ME	ANC	E	INCLU IN EULO		MY PREFERENCES (Record brief information about these items. If you are unsure or you don't care, then leave it
eulogy.)	1	2	3	4	YES	NO	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

YES

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 ndicate where they are kept.)

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

IMPORTANCE TO ME

INCLUDE IN EULOGY

NO

YES

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 ndicate 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

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

IMPORTANCE TO ME INCLUDE IN EULOGY

NO

YES

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 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?)



5.3 MY FUNERAL AND MY REMEMBRANCES

DATE:



INSTRUCTIONS

TO COMPLETE 5.3

etc.)

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 (Suggestions of things you may wish to record are		PORT ME	ΓAN	CE	ARRAN MENTS ARE M		MY PREFERENCES (Record information about each item and how you want it performed if this is
provided. Add anything that is important to you.)	1	2	3	4	YES	NO	important to you. If you are unsure or don't care leave it blank.)
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,							



(e.g. any items you wish to

be buried with)

5.3 MY FUNERAL AND MY REMEMBRANCES (CONTINUED)



MY DYING WISHES IMPORTANCE ARRANGE-**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.) TO ME **MENTS** (Suggestions of things you may wish to record are provided. Add anything ARE MADE **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



(pall bearers) (Record names and contact details of each

person)

5.3 MY FUNERAL AND MY REMEMBRANCES (CONTINUED)



MY DYING WISHES IMPORTANCE MY PREFERENCES ARRANGE-TO ME MENTS ARE (Suggestions of things you may wish to record are provided. Add anything and how you want it performed if this is important to you. If you are unsure or YES **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



5.3 MY FUNERAL AND MY REMEMBRANCES (CONTINUED)



MY DYING WISHES

(Suggestions of things you may wish to record are provided. Add anything that is important to you.)

IMPORTANCE TO ME ARRANGE-MENTS ARE MADE

YES

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.)

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)



5.3 MY FUNERAL AND MY REMEMBRANCES (CONTINUED)



MY DYING WISHES

(Suggestions of things you may wish to record are provided. Add anything that is important to you.)

IMPORTANCE TO ME ARRANGE-MENTS ARE MADE

YES

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.)

FUNERAL SERVICE

Music, songs, hymns, chants, to be sung

(e.g. list favourite music, hymns, songs vocalists to sing them, etc.)

Memorial donation

(e.g. Do you want people to give a memorial donation to a charity?)

Preferred charity/charities

(e.g. record the charity/cause you would like donations to go to.)

Eulogy

(e.g. who should prepare and deliver it? Have you any documents prepared? etc.)

Venue for post funeral gathering

(e.g. Do you have a place organised? A favourite spot?)

Honouring me after death

(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.)



5.3 MY FUNERAL AND MY REMEMBRANCES (CONTINUED)



MY REMEMBRANCES

(Any remembrance item such as personal belongings, heirlooms, sentimental items, letters, etc.)

IMPORTANCE TO ME ARRANGE-MENTS ARE MADE

YES

NO

(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.)

MY PREFERENCES

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 Chaices recovered and he made more affective?	
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: For more information email:	

Baptist Care (SA) Inc. Church Support Team 130 Rose Tce, Wayville, South Australia, 5034 Anne van Loon - avanloon@baptistcaresa.org.au or Vicky Legge - vlegge@baptistcaresa.org.au

Phone: 8273 7100 **Mobile:** 0409 921 337