SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

"MY WISHES" ADVANCE CARE PLANNING PROGRAM

RECORD OF ADVANCE CARE PLANNING DISCUSSIONS

SURNAME	MRN
OTHER NAMES	[ ] MALE [ ] FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Instructions to staff

- This record is meant to provide a history of discussions about the end-of-life wishes of the patient.
- During an inpatient admission, this form must be filed at the front of the patient's medical record, along with all other ACP-related documents.
- Following discharge, this form and other ACP-related documents must be filed at the front of the most recent volume.
- This form must be used over multiple admissions, rather than a new form being started for each admission.
- The senior staff member present at the discussion MUST print their name and sign each entry.

Date	Names of people involved in discussion	Summary of key issues and outcomes of discussion

RECORD OF ADVANCE CARE PLANNING DISCUSSIONS AMR001.002

BINDING MARGIN - NO WRITING

STOCK NO.: xxxxxxxx Nov 09 / Rev 0

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