

**ADVANCE DECISION TO REFUSE MEDICAL TREATMENT**

This is my Advance Decision to Refuse Treatment, which I made in case I am considered to have lost the capacity to make decisions about my healthcare for myself at some time in the future

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|----------------------------------|--|
| <b>Name:</b>                     |  |
| <b>Address:</b>                  |  |
| <b>Tel:</b>                      |  |
| <b>Date of Birth:</b>            |  |
| <b>Any Distinguishing Marks:</b> |  |

*Please read the leaflet that accompanies this form. It will explain to you the law about Advance Decisions to Refuse Treatment and how they differ from Advanced Statements and Lasting Powers of Attorney.*

*If you decide to make an Advanced Decision to Refuse Treatment it is important that you let health or social care staff know. We therefore recommend that you write down your Advance Decision and that you tell your Care-co-ordinator, G.P. and any other professional involved in your care that you have done so and either give them a copy of it or let them know where they can obtain a copy should the need arise.*

*If you are agreeable, a copy of this form will be stored in your care notes so that Trust staff will be fully aware of your preferences.*

*You do not have to use this form to record your Advance Decision but it is one that has been compiled with the help of other service users and we hope will be useful to you.*

**CONFIDENTIAL  
KEEP THIS SAFE**



|   |  |
|---|--|
| <b>Name:</b><br><b>Signature of Witness:</b><br><b>Contact Details of Witness</b> |  |
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It is good practice to review and, if necessary, amend or withdraw this Advanced Decision to Refuse Treatment regularly. If you do so then please ensure that everyone who holds a copy is advised that you have done so.

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| <b>Name of Professional with whom this was discussed:</b> |
| <b>Name:</b>  |
| <b>Profession:</b>  |
| <b>(i.e. doctor, care co-ordinator. Etc;)</b>             |

|                                      |
|--------------------------------------|
| <b>Professionals Contact Details</b> |
| <b>Address:</b>                      |
| <b>Tel:</b>                          |
| <b>E-mail:</b>                       |

Details of family members, friends, or advocates who know and understand about this advance decision. They have given permission to be contacted and will speak for me in a crisis/dispute.

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|--|
| <b>Name:</b>   |
| <b>Address:</b>  |
| <b>Tel:</b>  |
| <b>Relationship to me:</b>                                   |
| <i>i.e. partner, relative, friend, advocate, carer, etc)</i> |

|  |
|--|
| <b>Name:</b>   |
| <b>Address:</b>  |
| <b>Tel:</b>  |
| <b>Relationship to me:</b>                                   |
| <i>i.e. partner, relative, friend, advocate, carer, etc)</i> |