

What's important to me document

My information	What's important to me?
Name	
Address	
Telephone number	
Name of person who I would like to make decisions for me if I am unable to.	
Relationship to me	
Their contact details – address and telephone number	
Health information – what my healthcare team and family or friends need to know about me to give me the best care and treatment.	
Preferences and priorities for my future care – what is important to me? Is there anything I would like, or anything I do not want?	
Signature and date	