



Values and Preferences Form

Planning for my future care

EMR000120

What is a Values and Preferences Form?

A Values and Preferences Form can be used to make a record of your values, preferences and wishes about your future health and personal care.

What is advance care planning?

Advance care planning is a voluntary process of planning for future health and personal care that can help you to:

- think through and plan what is important to you and share this plan with others
- describe your beliefs, values and preferences so that your future health and personal care can be given with this in mind
- take comfort in knowing that someone else knows your wishes in case a time comes when you are no longer able to tell people what is important to you.

This form is one way to record your advance care planning discussions in Western Australia.

Why is form useful?

Thinking through the questions in the form may help you to consider what matters most to you in relation to your health and personal care and what you would like to let others know. Your wishes may not necessarily be health related but will guide treating health professionals, enduring guardian(s), and/or family and carer(s) when you are unwell including any special preferences, requests or messages. This is particularly useful at times when you are unable to communicate your wishes.

Are health professionals required to follow my Values and Preferences Form?

The Values and Preferences Form is a non-statutory document as it is not recognised under specific legislation. In some cases, a Values and Preferences Form may be recognised as a Common Law Directive.

Common Law Directives are written or verbal communications describing a person's wishes about treatment to be provided or withheld in specific situations in future. There are no formal requirements for making Common Law Directives. It can be difficult to legally establish whether a Common Law Directive is valid and whether it should or should not be followed. For this reason, Common Law Directives are not recommended for making treatment decisions. If you intend to use this form as a Common Law Directive, you should seek legal advice.

What is the difference between a Values and Preferences Form and an Advance Health Directive?

An Advance Health Directive is a legal document in WA that enables you to make decisions now about the treatment you would want – or not want – to receive if you ever became sick or injured and were incapable of communicating your wishes.

The questions in this Values and Preferences Form are the same as in Part 3 of the Advance Health Directive. The Advance Health Directive has additional sections with questions relating to treatment decisions, including life-sustaining treatments.

If you wish to document decisions about life-sustaining treatments that you consent or do not consent to receiving, you should complete an Advance Health Directive instead.

How should I store and share this form?

It is important that people close to you know that you have made a Values and Preferences Form and where to find it.

Keep the original in a safe place. You can also store a copy online using [My Health record](#) (register and [upload your advance care planning document](#)).

You may choose to give a copy to your:

- family, friends and carers
- enduring guardian(s) (EPG)
- enduring attorney(s) (EPA)
- GP or local doctor
- other specialist(s) or health professionals
- residential aged care home
- local hospital
- legal professional.

Make a list of the people who have a copy of your form as this will be a good reminder of who to contact if you decide to change or cancel your document(s) in future.

Where can I get help or find more information?

Visit healthywa.wa.gov.au/AdvanceCarePlanning or contact the Department of Health WA Advance Care Planning Line for general queries and to order free advance care planning resources:

Phone: 9222 2300

Email: acp@health.wa.gov.au

If English is not your first language, you may need help to understand and complete this form. Contact the National Accreditation Authority for Translators and Interpreters (NAATI). You can search for a translator or interpreter via the Online Directory at naati.com.au/online-directory. The contact details for NAATI are 1300 557 470 or info@naati.com.au.



My personal details

Full name

Date of birth

Address

Suburb

State

Postcode

Phone number

Email

You do not need to complete every question in this form. Cross out any questions you do not want to complete.

My major health conditions

Use this section to list details about your major health conditions (physical and/or mental).

Cross out this question if you do not want to complete it.

List any major health conditions below:

My values and preferences

When talking with me about my health, these things are important to me

Use this section to provide information about what is important to you when talking about your treatment.

This might include:

- How much do you like to know about your health conditions?
- What do you need to help you make decisions about treatment?
- Would you like to have certain family members with you when receiving information from your health professionals?

Cross out this question if you do not want to complete it.

Describe what is important to you when talking to health professionals about your health:

These things are important to me

Use this section to provide information about what 'living well' means to you now and into the future.

This might include:

- What are the most important things in your life?
- What does 'living well' mean to you?

Cross out this question if you do not want to complete it.

Describe what 'living well' means to you now and into the future. Use the space below and/or tick which boxes are important for you.

Spending time with family and friends

Living independently

Being able to visit my home town, country of origin, or spending time on country

Being able to care for myself (e.g. showering, going to the toilet, feeding myself)

Keeping active (e.g. playing sport, walking, swimming, gardening)

Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering, pets, animals)

Practising religious, cultural, spiritual and/or community activities (e.g. prayer, attending religious services)

Living according to my cultural and religious values (e.g. eating halal, kosher foods only)

Working in a paid or unpaid job

These are things that worry me when I think about my future health

Use this section to provide information about things that worry you about your future health.

If you become ill or injured in the future, what worries you most about what might happen?

You may worry about being in constant pain, not being able to make your own decisions, or not being able to care for yourself.

Cross out this question if you do not want to complete it.

Describe any worries you have about the outcomes of future illness or injury:

When I am nearing death, this is where I would like to be

Use this section to indicate where you would like to be when you are nearing death.

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

Cross out this question if you do not want to complete it.

Indicate where you would like to be when you are nearing death. Tick the option that applies you. You can provide more detail about the option you choose in the space below.

I want to be at home – where I am living at the time

I do not want to be at home – provide more details below

I do not have a preference – I would like to be wherever I can receive the best care for my needs at the time

Other

Provide more details about your choice:

When I am nearing death, these things are important to me

Use this section to provide information about what is important to you when you are nearing death.

- What would comfort you when you are dying?
- Who would you like around you?

Cross out this question if you do not want to complete it.

Describe what is important to you and what would comfort you when you are nearing death. Use the space below and/or tick which boxes are important for you.

I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible (Provide details of what being comfortable means to you).

I want to have my loved ones, pets and/or other items around me
(Provide details of who you would like with you)

It is important to me that cultural or religious traditions are followed
(Provide details of any specific traditions that are important for you)

I want to have access to pastoral or spiritual care
(Provide details of what is important for you)

My surroundings are important to me (e.g. quiet environment, music, photographs, being on Country, being close to home) (Provide details of what is important for you)

Advance care planning related documents

Use this section to list where and with whom you have stored or shared copies of your Values and Preferences Form and other advance care planning related documents. Cross out this question if you do not want to complete it.

		They have a copy of my:				
Details		Values and Preferences Form	Advance Health Directive	Enduring Power of Guardianship (EPG)	Enduring Power of Attorney (EPA)	Will
Who else has a copy?						
My family, friends and carers	Person 1	Name				
		Contact details				
	Person 2	Name				
		Contact details				
My enduring guardian(s)	Enduring guardian 1	Name				
		Contact details				
	Enduring guardian 2	Name				
		Contact details				
My health professionals	GP	Name				
		Contact details				
	Specialist/ health professional 1	Name				
		Contact details				
	Specialist/ health professional 2	Name				
		Contact details				
	Residential aged care facility	Facility name				
		Contact details				
Local hospital	Hospital name					
	Contact details					

continued

They have a copy of my:					
Details	Values and Preferences Form	Advance Health Directive	Enduring Power of Guardianship (EPG)	Enduring Power of Attorney (EPA)	Will
Online versions					
My Health Record					
Other people who have a copy					

It is important to make sure you know where your original advance care planning document(s) are so that you (and your family) can access them easily if needed. It may be useful to keep them all in the same place.

Document	Where do I keep the original of my current advance care planning document(s)?
Values and Preferences Form	
Advance Health Directive	
Enduring Power of Guardianship (EPG)	
Enduring Power of Attorney (EPA)	
Will	

Signing of Values and Preferences Form

- You are encouraged to sign this Values and Preferences Form. If you are physically incapable of signing this Values and Preferences Form, you can ask another person to sign for you. You must be present when the person signs for you.

This is my true record on this date and I request that my values, beliefs and preferences are respected.

Signed by:

(signature of person making this Values and Preferences Form)

Date: (dd/mm/year)

Or

Signed by:

(name of person who the maker of the Values and Preferences Form has directed to sign)

Date: (dd/mm/year)

In the presence of, and at the direction of:

(insert name of maker of Values and Preferences Form)

Date: (dd/mm/year)

This document can be made available in alternative formats on request for a person with disability.

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