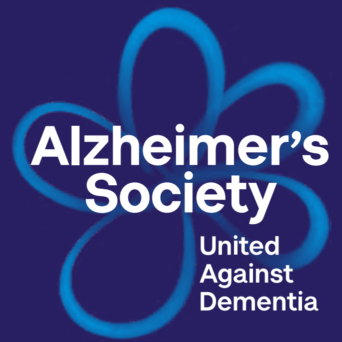
Advance decision to refuse treatment



It is important to read factsheet 463, 'Advance decisions and advance statements' before filling out this form.

You can use this form to write down any specific treatments that you would not want to be given in the future, if you do not have mental capacity to refuse those treatments yourself at the time. It is helpful to include as much detail as you can, so it is better to write down the circumstances in which you would not want to receive the treatment.

This form will only be used if you do not have mental capacity to decide about having the specified treatment. It cannot be used to refuse basic care, comfort and support.

If you are refusing treatment which is, or could be, life-sustaining, you must state specifically that you are refusing it even if your life is at risk as a result.

First name, middle name(s), surname ______________________________

____

______________________________ Date of birth ______________________

Address ____

____

______________________________ Postcode __________________________

Please state any distinguishing physical marks (to identify me in an emergency):

____

____

____

______________________________ NHS number (if known) ______________

My values

You can explain why you are making this advance decision and what you value in life. This section is optional. You can set out any principles that are important to you, and that relate to how you are treated and cared for.

If you are refusing life-sustaining treatment you can explain how you want to be looked after at the end of your life. You could include any religious faith, spiritual beliefs or values that you have.

This information may be helpful for medical professionals, and may also help your family and friends to understand the decision you have made.

Refusal of treatment

I do not want to receive the specific treatment below in the circumstances specified next to each treatment.

If you are refusing a treatment that is or may be life-sustaining (such as artificial feeding or hydration, cardiopulmonary resuscitation or antibiotics) you must state in the box where you have described the treatment 'I am refusing this treatment even if my life is at risk as a result.'
For example, if you have written that you refuse artificial feeding or hydration you should write 'I refuse artificial feeding or hydration, even if my life is at risk as a result'.

I refuse the following specific treatments:	In these circumstances:

Signature

An advance decision to refuse life-sustaining treatment must be signed by you, or by another person in your presence and by your direction.

It **must also be witnessed** by someone else. The witness **must be physically present** when you (or the person you have directed to sign) sign and **must watch the signing** happen. Even if you are not refusing life-sustaining treatment it is a good idea to sign this form and have it witnessed.

I make this decision to refuse treatment voluntarily and I have mental capacity to do so.

My signature (or signature in my presence of the person directed by me to sign)

Date of signature

Witness name

Relationship of witness to you

Witness address

Postcode

I confirm that this advance decision refusing treatment was signed by the person making it, voluntarily, in my presence.

Witness signature

Date of witness signature

Details of healthcare professionals (optional)

I have discussed this decision with:

(name of healthcare professional, this may or may not be your GP)

Job title

Phone number

Address of their workplace

Do they have a copy of this decision? Yes No

If different from the above, my GP is:

Phone number

Address of their workplace

Postcode

Does your GP have a copy of this decision? Yes No

Details of people who know about this decision (optional)

Name	Phone number	Relationship to you
Name	Phone number	Relationship to you
Name	Phone number	Relationship to you
Name	Phone number	Relationship to you

Details of anyone you have appointed as your attorney under a Lasting power of attorney for health and welfare

Name

Phone number

Address

Postcode

Name

Phone number

Address

Postcode

Name

Phone number

Address

Postcode

Name

Phone number

Address

Postcode

Review dates (optional)

This advance decision to refuse treatment was reviewed, and confirmed by me on:

Date

Signed

Date

Signed

Alzheimer's Society operates in England, Wales and Northern Ireland. Registered charity number 296645.