

Think Ahead My Medical Summary Form



This Medical Summary Form is not a legal document but a summary of your care and treatment decisions and preferences, to be shared with your GP/Specialist.

Use this form to summarise what you have recorded in your Personal Wishes and Care Plan, and your Advance Healthcare Directive.

Ask your GP/Specialist to add this form to your medical file, so that if in the future your decisions and preferences need to be known, your medical team is aware that you have completed these documents.

How to use your Medical Summary Form

1. Complete the form overleaf using information from your Personal Wishes and Care Plan and your Advance Healthcare Directive.
2. Bring this Medical Summary Form to your GP/Specialist and discuss it with them.
3. Ask your GP/Specialist to make a copy and add it to your records.



My Medical Summary Form

First Name	Surname
Gender	Date of Birth
Address	Contact Number
Eircode	PPS Number

I prefer to be cared for in the following place:

Number them where 1 is most preferable

Home	Hospital	Hospice	Nursing Home	Family/Friend Home

If my health worsens, I prefer	Tick One
To be moved to hospital, if that is likely to lengthen my life in a comfortable and effective manner.	
To be cared for medically as much as possible at my preferred place, as stated above.	

I have completed	Please tick	I have it stored
My Personal Wishes & Care Plan		
My Advance Healthcare Directive		
Enduring Power of Attorney		

Please give details if you have completed an Advance Healthcare Directive

In my Advance Healthcare Directive, I have appointed someone to speak on my behalf, who you can talk to and who understands my decisions and preferences, should I lack capacity.	Yes	No
Their name is		
Their contact number is		

I have made the following refusals for treatment. Please refer to my full and complete Advance Healthcare Directive for more detail.

Signed: _____

Date (dd/mm/yyyy): _____