

# 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

|                   |                       |
|-------------------|-----------------------|
| <b>First Name</b> | <b>Surname</b>        |
| <b>Gender</b>     | <b>Date of Birth</b>  |
| <b>Address</b>    | <b>Contact Number</b> |
| <b>Eircode</b>    | <b>PPS Number</b>     |

**I prefer to be cared for in the following place:** \_\_\_\_\_

Number them where 1 is most preferable

| <b>Home</b> | <b>Hospital</b> | <b>Hospice</b> | <b>Nursing Home</b> | <b>Family/Friend Home</b> |
|-------------|-----------------|----------------|---------------------|---------------------------|
|             |                 |                |                     |                           |

| <b>If my health worsens, I prefer</b>   | <b>Tick One</b> |
|---|-----------------|
| 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.                 |                 |

| <b>I have completed</b>         | <b>Please tick</b> | <b>I have it stored</b> |
|---------------------------------|--------------------|-------------------------|
| 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. | <b>Yes</b> | <b>No</b> |
| 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): \_\_\_\_\_