Instructions to prepare Advance Decision to Refuse Treatment Document

This document is for you to write down in advance any specific treatments that you do not want to have in the future. It will only be used if you lose the mental capacity to make decisions for yourself about your healthcare needs and are therefore unable to consent to or refuse treatment

You must ensure that this Advance Decision to Refuse Treatment (ADRT) is up to date and replaces any previous decisions you have made.

By completing this ADRT you are not refusing your right to receive basic care, support and comfort.

**Section 1: My details**

Name:

Address:

Telephone:

Date of birth:

**Section 2: My Advance Decision to Refuse Treatment**

|  |  |  |
| --- | --- | --- |
| **I wish to refuse the following specific treatments** |  | **In these circumstances** |
| *ie I do not wish to be kept alive by a life support machine* |  | *If I am permanently paralysed from the neck down* |
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**Persons to be given a copy of my ADRT and to be contacted to discuss my wishes** (optional)

Name:

Address:

Relationship to you

Telephone:

Name:

Address:

Relationship to you

Telephone:

Name:

Address:

Relationship to you

Telephone:

Details of healthcare professionals I have discussed this ADRT with

Profession/Job Title

Contact Details

**My healthcare professionals**

My general practitioner (GP) is

Name

Address

Telephone

Signed

Dated

Please then return this form to J Scollan & Co so that we can prepare a formal document (ADRT) for you to sign in the presence of a witness together with your remittance in the sum of £216.00.