Advanced Directive
(Living Will)

Full name (including title and any middle names)		
Date of Birth		
Address		
GP Name		Of: Jenner House Surgery, 159 Cove Road, Farnborough, Hampshire, GU14 0HQ

Advance Directive
In the event that I become on a temporary or permanent basis or that I lack the mental capacity to make an informed decision/unable to communicate my wishes then I set out this Advanced Directive to refuse medical treatments in the circumstances detailed below. Signed:_____ Date:_____

Please set out the Treatments and the Circumstances in which they should be refused. Please provide as much detail as possible. You may also want to include a written statement from you outlining your personal beliefs in such circumstances: E.g*. My fundamental belief is that a person should be allowed to die with grace and dignity and that a life should not be prolonged with aggressive medical treatment where the resulting quality of life is poor and where there is no reasonable expectation of recovery.*

You should also give thought to situations regarding Terminal Conditions, Persistent Unconsciousness and Severe and Permanent Mental Impairment.

I declare that I am over 18 years of age at the time of writing this declaration and that I understand fully the consequences of my decisions listed above:

Name: _____ Date_____

Signature: _____

I wish the following person to be consulted in the event of uncertainty about my wishes:

Name:_____

Address:_____

Telephone:_____

My Signature:_____ Date:_____

Please ensure that the person who witnesses your signature is not related to you by blood or by financial connection to your finances or your estate.

Witness Name:_____

Witness Signature:_____

Witness Address:_____

To be Reviewed (Insert Date) _____