

Later Life Planning

Health and Wellbeing



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At Catherine Higgins Law we are here to help and support you in making plans for the future to provide clarity for the people who will be looking after your affairs, they may be your attorneys or your executors. It is all about making the legal and financial side of things as easy as possible to administer at a future time when you are no longer able to make the decisions for yourself.

We are here to talk about any worries you may have, whether large or small and please contact us by calling into our office in the heart of Woolton Village or telephone us on 0151 428 2472 or send an email to naomi@chigginslaw.co.uk.

We are at your service and look forward to working with you.

1. Your personal details

Name:	
Address:	
Date of birth:	N.I. number:
Occupation:	Telephone number(s):

DATE LAST UPDATED: _____

2. Current Health

Current health	Details	Additional Information
Have you any existing illnesses, conditions or ailments?		
Please provide details of how these are managed/cared for		
Please list all of your medications, including dosage and how frequent they are to be taken		
What is your doctor's surgery and who is your GP?		
Are you under any Consultants or Surgeons? Do you attend any outpatient clinics, if so where and how often?		

What is your preferred hospital in case of emergency?		
What is your dentist surgery and who is your dentist?		
Where is your preferred pharmacy?		
Do you pay for your prescriptions? If so, how? Do you get free prescriptions? If so, please keep proof of any certification.		

3. Advanced Care

Current Health	Details	Additional Information
Where would you like to receive care? (nursing homes, hospitals)		
Where you want to be cared for when you are dying, and where do you want to die?		
Who do you want to be with you?		

Values such as religious beliefs		
Your choice and views on different types of treatment		
<p>Your choices and views on life sustaining treatment.</p> <p>(Life sustaining treatment can mean care, surgery, medicine or other help from doctors that's needed to keep you alive, for example: a serious operation, such as a heart bypass or organ transplant, cancer treatment, artificial nutrition or hydration (food or water given other than by mouth). Include scenarios where you would want/not want this treatment.</p>		

4. Personal Preferences

Current Health	Details	Additional Information
Daily routine (e.g. bed time, getting up, personal hygiene, weekdays v weekends)		
Favourite foods and meal times, dietary requests		
Favourite drinks		

<p>Favourite products (e.g. body wash, washing powder, deodorants)</p>		
<p>Clothing style including material preferences, favourite shops</p>		
<p>Favourite places to visit / things to do / hobbies</p>		

Notes



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