

Advanced Decision (AD)



Surname		First Name	
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AD Information:

- Please affix this supplementary form to the instruction and tick the appropriate box on front page.
- If preparing ADs for a couple, 1 form should be used per individual.
- An AD expresses the wish that in the event that you have a terminal illness with no hope of recovery, you would prefer not to be kept alive artificially but would prefer a natural, painless and dignified end to your life. It is a thoughtful gesture since your family will not face the anguish of making the decision for you.
- An AD allows you to appoint a representative to convey your request to those in charge of your care. Your GP will keep your request on your medical record.
- It is mandatory to provide a telephone number for each representative appointed.

What type of AD is required? (please circle)

General AD	AD Defining an Intolerable Condition	AD Requesting Maximum Treatment	AD Defining Treatment Preferences
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Is the Opinion of 1 or 2 Medical Practitioners Required? (please circle)	1	2
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	Yes	No
Is a Health & Welfare LPA in place? (please tick)		
If Yes, is this AD to Take Precedent over Health & Welfare LPA? (please tick)		

Details of Representative(s):

Title		Full Name(s)	
Telephone		Address	
Representative to Act? (please circle)	SOLELY		JOINT

Title		Full Name(s)	
Telephone		Address	
Representative to Act? (please circle)	JOINT		RESERVE

GP Name		NHS Number	
GP Surgery Name & Full Address			

	Yes	No
Do you Wish to Opt into Organ Donation? (please tick)		

Client Declaration

I CONFIRM that I am over 18 years of age, I am of sound mind, I have heard these instructions read to me and acknowledge and confirm that they represent my intentions as to the establishment of my AD and the appointment of my Representative(s).

I CONFIRM that the spelling of all names and addresses are correct.

I UNDERSTAND that if I change my instructions, Goodwills Legal Services Ltd reserve the right to charge additionally for such work.

I CONFIRM that the financial arrangements relating to this matter have been provided to me by the adviser and that I am happy with these.

I UNDERSTAND that it is my choice whether or not I would like Goodwills Legal Services Ltd to provide their drafting service to me and confirm that I would like them to act.

I UNDERSTAND that the advice is based on the information that I have supplied. **I THEREFORE** agree that no person, company or agent of such company responsible for the drafting of my AD shall be liable if I have withheld information or provided inaccurate information relevant to the drafting of my AD.

THE DATA PROTECTION ACT 2018 The information recorded in this document may be retained physically or electronically for reference purposes and will be held in accordance with the Data Protection Act 2018. The information may also be used by Goodwills Legal Services Ltd and its Appointed Representatives to provide you with the details of services suitable to your requirements and to keep you informed of any changes in legislation and practices. Goodwills Legal Services Ltd will NEVER pass your details to any third parties without your authority.

SIGNED BY TESTATOR

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Date	
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Additional Notes

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