

Advance Care Plan - Contact Information (Tasmania)
For patient file at General Practice or Aged Care Facility

Name: _____ (or label)

Address: _____

Date of Birth: _____ Telephone: _____

Name of Enduring Guardian or Joint Enduring Guardians (if appointed):

1. _____ (name of Enduring Guardian)

2. _____ (name of Joint Enduring Guardian)

Telephone no. of Enduring Guardian/s:

1. _____ (Home)

2. _____ (Home)

_____ (Mobile)

_____ (Mobile)

_____ (Work)

_____ (Work)

Relationship: _____

Relationship: _____

Date: _____

Date: _____

Statement of Wishes- Person responsible (or other persons to be consulted):

1. _____ (Home)

2. _____ (Home)

_____ (Mobile)

_____ (Mobile)

_____ (Work)

_____ (Work)

Relationship: _____

Relationship: _____

Date: _____

Date: _____

Your Advance Care Plan includes the following documents:

Enduring Guardianship form Yes / No

Statement of Wishes Yes / No

Copies of your Advance Care Plan have been given to: *(complete as many lines as applicable)*

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

GP signature: _____ Date: _____

ACF staff member signature _____ Date: _____