



My Advance Care Plan (Please Complete in English)

我的预立医疗照护计划 (请用英文填写)

Last name: / 姓: _____

First name: / 名: _____ Date of birth / 生日 _____ / _____ / _____

Address: / 住址: _____

My Advance Care Plan is a record of your advance care planning discussion and a way of informing those who are caring for you of your preferences. Your preferences may not necessarily be health related but will guide your treating health professionals, Enduring Guardian and or family as to how you wish to be treated including any special requests or messages.

Please note: Should you wish to make legally binding treatment decisions, it is recommended that you record these decisions in an Advance Health Directive. You may also wish to give consideration to appointing an Enduring Guardian to make personal, lifestyle and treatment decisions on your behalf. See the Guide for further detail.

I have given a copy of my Advance Care Plan to:

“我的预立医疗照护计划”是您的预立医疗照护计划讨论的记录，并且告知了那些照护您的人您的个人偏好。您的个人偏好不一定与医疗相关，但这会指导您的医疗专业人员、持久监护人和/或家人您所希望的治疗方式，包括任何特殊要求或信息。

请注意：如果您希望制定具有法律约束力的治疗决定，建议您将这些决定记录在预先医疗指示 (Advance Health Directive) 中。您也可以考虑任命一名持久监护人 (Enduring Guardian) 来代表您做个人、生活方式和治疗的决定。有关详细信息，请参阅指南。

我已将一份我的预立医疗照护计划的副本给了：

Full name / 全名	Telephone / 电话	Mobile / 手机	Relationship to me / 与我的关系

MR00H.01 MY ADVANCE CARE PLAN – CHINESE SIMPLIFIED

I have completed one or more of the following:

我已完成以下的一项或多项:

Advance Health Directive

预先医疗指示

Yes/No (please circle)

是/否 (请圈出)

I have stored a copy at: / 我保存副本的位置在: _____

A copy can also be obtained from: / 还可以通过以下联系人获取副本:

Name: / 姓名: _____

Telephone: / 电话: _____

Enduring Power of Guardianship

持久监护权

Yes/No (please circle)

是/否 (请圈出)

I have stored a copy at: / 我保存副本的位置在: _____

A copy can also be obtained from: / 还可以通过以下联系人获取副本:

Name: / 姓名: _____

Telephone: / 电话: _____

Enduring Power of Attorney

持久授权书

Yes/No (please circle)

是/否 (请圈出)

I have stored a copy at: / 我保存副本的位置在: _____

A copy can also be obtained from: / 还可以通过以下联系人获取副本:

Name: / 姓名: _____

Telephone: / 电话: _____

Will

遗嘱

Yes/No (please circle)

是/否 (请圈出)

I have stored a copy at: / 我保存副本的位置在: _____

A copy can also be obtained from: / 还可以通过以下联系人获取副本:

Name: / 姓名: _____

Telephone: / 电话: _____

Preferences for my future care

These are my preferences, in relation to my future care.
Please refer to the *Advance Care Planning Guide for Patients*.

我未来照护的偏好

这些是关于我未来照护的偏好。请参考《病人预立医疗护理计划指南》。

Other outcomes of the Advance Care Planning conversation:

For example, you may have considered completing other relevant legal documents such as an Advance Health Directive or Enduring Power of Guardianship or you may have decided to become an organ donor.

其他预立医疗照护计划的讨论结果:

比方说，您可能已经考虑要完成其他相关的法律文件，诸如预先医疗指示或持久监护权书，或者您可能已经决定成为器官捐赠者。

Outcome / 结果	Description / 描述

If I have lost capacity or am approaching end of life, where practical and appropriate, I would prefer to be cared for:

如果我丧失了官能或临近生命终点，在实用且合适的情况下，我希望以如下方式得到照护：

Initial the option you prefer: / 在您想要的选项处首字母签名:

In my usual home: / 在我的家中，地址: _____

At a family member's home: / 在家庭成员的家中，地址: _____

At a hospice or palliative care unit / 在善终服务或临终关怀机构

In hospital / 在医院

On country (for Aboriginal and Torres Strait Islanders) / 在故土(适用于澳洲原住民或托雷斯海峡岛民)

At another place: / 在其他地址: _____

I would like to leave the following message(s)

For example: I am a carer for my partner/family member or I would like the following person to care for my pet, or I would like a particular song played or I would like a particular complementary therapy to be used or I would like my family to respect my preferences to be an organ donor etc.

我愿意留下以下留言

例如：我是我的伴侣/家庭成员的照顾者，或我希望以下人士来照顾我的宠物，或我想要播放某一首特定歌曲，或我想要使用特定的辅助疗法，或我希望我的家人能尊重我成为器官捐赠者的决定等。

Signed: / 签名: _____ Date: / 日期: _____ / _____ / _____

This document can be made available in alternative formats on request for a person with disability.

本文件可根据残疾人士的要求制成其他格式。

Produced by WA Cancer and Palliative Care Network
© Department of Health 2017

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.