



XY000240

# My Advance Care Plan (Please Complete in English)

## 我的預立醫療照護計畫 (請用英文填寫)

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:

「我的預立醫療照護計畫」是您的預立醫療照護計畫討論的記錄，並且告知了那些照護您的人您的個人偏好。您的個人偏好不一定與醫療相關，但這會指導您的醫療專業人員、持久監護人和/或家人您所希望的治療方式，包括任何特殊要求或訊息。

請注意:如果您希望制定具有法律約束力的治療決定，建議您將這些決定記錄在預先醫療指示(Advance Health Directive)中。您也可以考慮任命一名持久監護人(Enduring Guardian)來代表您做個人、生活方式和治療的決定。有關詳細資訊，請參閱指南。

我已將一份我的預立醫療照護計畫的副本給了:

Full name / 全名	Telephone / 電話	Mobile / 手機	Relationship to me / 與我的關係

MR00H.01 MY ADVANCE CARE PLAN – CHINESE TRADITIONAL

**I have completed one or more of the following:**  
**我已完成以下的一項或多項:**

**Advance Health Directive**  
**預先醫療指示**

**Yes/No (please circle)**  
**是/否 (請圈出)**

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

A copy can also be obtained from: / 還可以通過以下連絡人獲取副本:

Name: / 姓名: \_\_\_\_\_

Telephone: / 電話: \_\_\_\_\_

**Enduring Power of Guardianship**  
**持久監護權**

**Yes/No (please circle)**  
**是/否 (請圈出)**

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

A copy can also be obtained from: / 還可以通過以下連絡人獲取副本:

Name: / 姓名: \_\_\_\_\_

Telephone: / 電話: \_\_\_\_\_

**Enduring Power of Attorney**  
**持久授權書**

**Yes/No (please circle)**  
**是/否 (請圈出)**

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

A copy can also be obtained from: / 還可以通過以下連絡人獲取副本:

Name: / 姓名: \_\_\_\_\_

Telephone: / 電話: \_\_\_\_\_

**Will**  
**遺囑**

**Yes/No (please circle)**  
**是/否 (請圈出)**

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

A copy can also be obtained from: / 還可以通過以下連絡人獲取副本:

Name: / 姓名: \_\_\_\_\_

Telephone: / 電話: \_\_\_\_\_

## 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*.

### 我未來照護的偏好

這些是關於我未來照護的偏好。請參考《病人預立醫療護理計劃指南》。

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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.

其他預立醫療照護計畫的討論結果:

比方說，您可能已經考慮要完成其他相關的法律文檔，諸如預先醫療指示或持久監護權書，或者您可能已經決定成為器官捐贈者。

Outcome / 結果	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:**

**如果我喪失了官能或臨近生命終點，在實用且合適的情況下，我希望以如下方式得到照護：**

Initial the option you prefer: / 在您想要的選項處首字母簽名:

In my usual home: / 在我的家中，地址: \_\_\_\_\_

At a family member's home: / 在家庭成員的家中，地址: \_\_\_\_\_

At a hospice or palliative care unit / 在善終服務或臨終關懷機構

In hospital / 在醫院

On country (for Aboriginal and Torres Strait Islanders) / 在故土(適用於澳洲原住民或托雷斯海峽島民)

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.

### **我願意留下以下留言**

例如: 我是我的伴侶/家庭成員的照顧者，或我希望以下人士來照顧我的寵物，或我想要播放某一首特定歌曲，或我想要使用特定的輔助療法，或我希望我的家人能尊重我成為器官捐贈者的決定等。

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Signed: / 簽名: \_\_\_\_\_ Date: / 日期: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

本文檔可根據殘疾人士的要求製成其他格式。

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