



# Ageing issues

Completed by (relationship)

..... Date.....

*(Please tick box)*

I attend a memory clinic

A description of my problem(s) are:

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I am having help in the following areas:

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My medication helps me to:

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.....

Medication details are recorded in the 'Medication' section YES/NO

**People involved in my care are:**

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.....

**Any other information**

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# Specialist care (End of life care)

Completed by (relationship)

..... Date.....

*(Please tick box)*

I am able to make a plan for my specialist care.

## My health now

*(Think about whilst you have been ill what has been happening to you)?*

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## What I want for my future care?

*(Think about what's important for you)?*

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How I want to be looked after *(think about help with feelings, pain, feeling sick, types of treatment)*

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## Where I want to live

*(Think about what's important for you? Staying where you are, being in a hospice, hospital, or being with family)*

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