My preferred priorities for care

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| --- | --- |
| Preferred place of care  e.g. home, relative or friend, care home, hospice, hospital |  |
|  |  |
| Which people should be involved in my care |  |
|  |  |
| Religious, spiritual beliefs |  |
|  |  |
| What is important to you e.g. type of food, music, fresh air |  |
|  |  |
| Notes |  |