scottish huntington's association

VALUES HISTORY FORM

Name: _____

Date of Birth: _____

If someone assisted you in completing this form, please fill in his or her name, address and relationship to you.

Name: _____

Address: _____

_____

_____

Relationship: _____

What is important to you in your life, what makes life worth living?

What activities do you enjoy? (eg hobbies, watching tv, etc)

What do you fear most? What frightens or upsets you?

What importance do family and friends play in your life?

How do you expect friends, family and others to support your decisions regarding medical treatment you may need now or in the future?

How do you feel your quality of life would be affected by:

a) deteriorating physical health

b) deteriorating mental health

What is your spiritual/religious background?

How does your faith support you?

What general comments would you like to make about your beliefs?

Do you have a good relationship with the health professionals involved in your care? What could make this better for you, ie do they understand your illness, do you see them often enough?

What will be important to you when you are reaching the end of your life? (eg physical comfort, no pain, family members present, etc)

Where would you prefer to be looked after at the later stages of your illness?

What would you describe as being an unacceptable quality of life?

What general comments would you like to make about your medical treatment at the later stages of your illness?

What general comments would you like to make about your funeral and burial or cremation?

Have you made your funeral arrangements?

If so, with whom?

ADDITIONAL WISHES/PREFERENCES

Is there anything else that you feel strongly about that you would like other people to know? This could be anything from whether you prefer a bath or a shower to your views on the future care of your children.

Signed:
Date: