

VALUES HISTORY STATEMENT

Please use this section as a guide to my values when considering the likely result of treatment.

Tick the box that most closely indicates your feelings about each of the situations described	Much Worse Than Death: Definitely not want life sustaining treatment	Somewhat Worse Than Death: Probably not want life sustaining treatment	Neither Better Nor Worse Than Death: Not sure whether I want life sustaining treatment	Somewhat Better Than Death: Would probably want life sustaining treatment	Much Better Than Death: Would definitely want life sustaining treatment
a) Permanently unable to walk but can move around in a wheelchair. You can communicate and interact with people.					
b) Communication is severely impaired. Great difficulty being understood. Does not need a wheelchair and can manage personal care with minimal assistance.					
c) Permanently unable to care for yourself. You are unable to wash, feed or dress yourself. You are totally cared for by others.					
d) Physically able to care for yourself but severe cognitive impairment causing changes in behaviour.					
e) Permanently unable to eat or drink orally. Nutritional needs can only be met through artificial feeding.					

SIGNATURE:	
Name: (Print clearly)	Day/Month/Year
Address:	Date of Birth

Did anyone assist you with this form: Yes/No

Name:	Date:
Address:	