

Advance Care Directive - Wallet Card

1. Print this pdf
2. Fill in the card details
3. Cut out the card around the outside edges
4. Fold the card in half (it's double-sided)
5. Place the card in your wallet for easy access

Please respect my advance care directive

My name: _____

My substitute decision-maker's details are:

Name: _____

Phone: _____

Please respect my advance care directive

Find copies of my advance care directive with:

☎ GP: _____

☎ Hospital: _____

📄 My Health Record (tick if yes): ☐