KindCare
Advanced Care Directives

Advanced Care Directives: Amir Patel

Plan Details			
Date completed:	20/01/2023	**Signature:**	Amir Patel

Client Details			
Client Name:	Amir Patel	**Date of Birth:**	01/09/1924

Appointed substitute decision-maker(s)			
Name:	Rohan Patel	**Relationship:**	Son
Phone:	0444 795 251	**Date of Birth:**	15/08/1961
Understand and agree to my responsibilities:	Yes	**Signature:**	Rohan Patel

Directives for care	
Resuscitation:	Do not resuscitate
Life sustaining treatment in the event of: • **terminal illness**	I do not want life sustaining treatment for terminal illness
• **unconscious terminal illness**	As above
Pain management medications	I am happy to have medication if needed, but prefer not to if I am not in pain
Outcomes I would like to avoid	T be alone or in pain.

End-of-life directives	
Priorities for my end-of-life environment:	I would like to die peacefully. I would like to be comfortable and have my close family with me. I would like a traditional Hindu passing and burial.
Important spiritual or religious beliefs and needs: • **people present**	I would like to have my family present and saying prayers.
• **practices or rites.**	I would like traditional Hindu practices, including: • the tying of a thread around the neck and wrist which should remain in place for burial • placing a basil leaf on my tongue before

	• sprinkling Ganges water before.