



Government of Western Australia
Department of Health
WA Cancer and Palliative Care Network

For further information about Advance Health Directives contact:

Department of Health

T: (08) 9222 2300

E: acp@health.wa.gov.au

W: www.health.wa.gov.au/advancehealthdirective

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Enduring Power of Guardianship

Have you appointed an Enduring Guardian? Yes No

Contact details:

1. Name: _____

Tel: _____

Mobile: _____

2. Name: _____

Tel: _____

Mobile: _____

Advance Health Directive

My name is:

First name: _____

Last name: _____

Date of birth: _____

Please print

ALERT

Advance Health Directive

In case of a medical emergency please contact the person below who will have a copy of my Advance Health Directive (AHD).

My name: _____

Person who will have a copy of my AHD:

First name: _____

Last name: _____

Contact number: _____

Relationship to me: _____

My AHD is located at: _____

My GP is also aware of my AHD and has a copy.

GP name: _____

GP tel: _____

Other people who hold copies of my AHD are:

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Usual treating hospital: _____