This form is LEGALLY BINDING if valid and applicable

ADRT

- **This document lists the treatments that I do not want in the future.**
- **If I cannot communicate, it can be used as a record of my decisions.**
- **This advance decision replaces any decision I made before writing it.**

NHS

My Full Name: NHS no:

My Date of Birth:

My address*: Telephone no:

If I am unconscious, you can tell who I am from my:

**Please note that a change in address does not invalidate this document. Name, NHS number, and date of birth are sufficient identifiers.*

Advice to the professional reading this document

Please make sure to complete the steps below:

- Always check my mental capacity before acting on my behalf. I may only need extra time and help to communicate.
- If I do not have mental capacity, make sure this document is **valid** and **relevant** to the situation. Check if I have given anyone Lasting Power of Attorney for Health.
- Check whether I have changed my decision in any way. I could have done this verbally, in writing, or through actions which go against the document's contents.
- If health care staff agree this document is valid and relevant to the situation, then it is **legally binding**. This means they must follow it.
- Share this document with any relevant staff who are caring for me.
- Check if I have an Advance Statement. This may help staff make the right choices for my care. It may tell them about things like my preferences, wishes, beliefs, values and feelings.

Have you given anyone Lasting Power of Attorney (LPA) for your Health & Welfare?

☐ **Yes**, and their details are below ☐ **No**, I have not given anyone this

The attorney is the person, or people named on your **LPA for Health and Welfare document**, who can help make decisions for you if you can't. (Leave this blank if you ticked 'No').

Attorney name(s) **Tel.**

This document does <u>not</u> mean I refuse basic care, support, and comfort

You **<u>cannot</u>** use an ADRT to refuse *basic cares* (such as offering of food and fluid by mouth, or support with your hygiene and dignity). You **<u>cannot</u>** use an ADRT to refuse a *place of care* (like refusing admission to hospital). **ADRTs <u>can</u> be used to refuse specific <u>treatments</u> in specific circumstances.**

Important note to the person making this Advance Decision

If you wish to refuse a treatment that is (or may be) life-sustaining you must state in the boxes on the next page: ***"I am refusing this treatment even if my life is at risk as a result."***

To confirm your choices, you must sign on the bottom of the next page. You must also have a witness who signs on the next page too. That way we can be sure it was your decision.

ADVANCE DECISION TO REFUSE TREATMENT

1

Adapted from Advance Decisions to Refuse Treatment: A Guide for Health and Social Care Staff, 2008. **Ver. 8 (Print-Ready Build PDFJP03)** *NENC 2026*

Name of Individual:		NHS Number:	

My Advance Decision to Refuse Treatment (ADRT) Please cross through unused boxes

I am refusing these treatments:	In these circumstances:

MY NAME AND SIGNATURE

My Signature (or signature of nominated person)	
My Name	
Date	

MY WITNESS

Witness' Signature	
Witness' Name	
Date	

Remember if you are refusing treatments which may potentially be **life-sustaining**, then a Witness must sign here too, and you must use the words: *"I am refusing this treatment even if my life is at risk as a result"* when writing your ADRT in the boxes above.

ADVANCE DECISION TO REFUSE TREATMENT

2

Name of Individual:		NHS Number:	

Witness details (please complete if a Witness has signed on Page 2)

Witness' Address:

Witness' Telephone Number:

Please leave this section blank if your ADRT didn't need a Witness to sign with you (if you are not refusing potentially life-sustaining treatments).

Main person to contact to discuss my wishes (e.g. Next-of Kin)

Name

Address

Relationship

Telephone number:

This person **cannot override** decisions you make in a valid and applicable ADRT, but they can help people make other decisions if you aren't able to.

Statement about Mental Capacity (Doctors, social workers, or solicitors can help here)

Your ADRT is only valid if you created it at a time when you had the mental capacity to make the decisions within it. A professional may support this process to help reduce the risk of your decisions being challenged at a later point. If the professional has **no reason to doubt capacity**, they can sign below without the need for a formal Mental Capacity Act 2005 assessment.

PROFESSIONAL STATEMENT REGARDING CAPACITY (Optional but recommended)

"By signing below, I state that there was no reason to doubt the individual's capacity, in line with the Mental Capacity Act 2005, at the time this ADRT was made."

Signature (of professional)

Name

Job Title

Date

Please note: a formal MCA assessment is required only where there is a reason to doubt capacity. Where no such doubt exists, capacity is presumed.

Optional Comment:

My General Practitioner (GP)

Doctor's Name:

Telephone number:

GP Practice Address (where they work)

Optional review (this document can be reviewed from time to time)

Comments

My Signature

Witness' Signature

Date

It is okay to change your mind about your choices for any reason. If you do, speak to your Health or Social care professional. They can help you complete a new ADRT.

Name of Individual:		NHS Number:	

Use this list to tell us how to contact anyone who:

- **has a copy of this Advance Decision to Refuse Treatment (ADRT)**
- **you have told about this advance decision to refuse treatment (ADRT)**

My additional contacts

Name		**Relationship**		**Tel.**	
Name		**Relationship**		**Tel.**	
Name		**Relationship**		**Tel.**	
Name		**Relationship**		**Tel.**	
Name		**Relationship**		**Tel.**	
Name		**Relationship**		**Tel.**	
Name		**Relationship**		**Tel.**	

More information

The information below is important to me. I have described my hopes, fears and expectations for my life. I have also mentioned any potential health and social care problems.

It does not directly affect my Advance Decision to Refuse Treatment, but you may find it useful when considering my best interests. As an example, it may help you making decisions about a clinical assessment.