

Completing a statement of wishes as a vegan or vegetarian.

A statement of wishes is a valuable tool to ensuring your ethical beliefs are respected by your potential future care providers. This template form is designed especially for vegans and vegetarians to describe dietary and other care preferences. Be sure to show your completed form to those closest to you and to hand a copy to your GP.

Special requests and preferences regarding your future care.

This text has been carefully worded to ensure there can be no ambiguity about your dietary wishes for the future. We have also included space for you to elaborate on this text should you wish to do so.

As a vegetarian/vegan, you may have specific wishes regarding the products and materials used in your care. You might like to consider including your views on the following:

- **Toiletries and cleaning products:** Do you prefer cruelty-free or plant-based options?
- **Medicines and alternative treatments:** Would you like to specify a preference for non-animal-derived medications or treatments, where possible?
- **Clothing and footwear:** Do you have preferences regarding animal-based clothing (e.g., wool, silk, leather) or vegan footwear?
- **Furniture and bedding:** Would you prefer to avoid leather furniture or bedding made from animal-derived materials (e.g., wool or down)?
- **Dining ware:** Would you like to avoid the use of bone china or any other animal-based materials?

Statement of Wishes

Your preferred care priorities: A non-legally binding document representing your future hopes and wishes. Keep this to hand and share with those involved in your care, including your GP. They may wish to keep a copy. Let them know when it is changed.

You will need to print this form before adding your signature.

Your name:

Address:

Postcode:

Do you have a Legal Advance Decision (Living Will) Yes No

If yes, where do you keep it and who has a copy?

Proxy/next of kin

Who else would you like to be involved if it ever becomes difficult to make decisions?

Contact 1 name:

Relationship to you:

Telephone:

Address:

Postcode:

Do they have Lasting Power of Attorney? Yes No

If yes, please state which type:

Contact 2 name:

Relationship to you:

Telephone:

Address:

Postcode:

Do they have Lasting Power of Attorney? Yes No

If yes, please state which type

Special requests and preferences regarding your future care.

[*indicate preference]

*If I am experiencing issues with capacity or cognition, and accidentally choose a meat-based dish, or appear to ask for meat, I wish instead to be offered an alternative dish that upholds my philosophical beliefs. The alternative dish might make use of alternatives to meat and/or dairy, with my caterers providing appropriate **vegan/vegetarian*** fortification of dishes when needed.*

*If it is my preference, I wish to be given the opportunity to eat at a **vegan/vegetarian***-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the **vegan/vegetarian*** option dine together.*

Use this space to add any further requests regarding your future care.

If your condition deteriorates, where would you most like to be cared for?

Is there anything you would ideally like to avoid happening to you?

Do you have any comments or wishes that you would like to share with others?

Your name:

Next of kin/carer signature (if present):

Date:

Health/Social Care Professional

Details of any other family members involved in Advance Care Planning discussions:

Details of any healthcare professionals involved in Advance Care Planning discussions:

Are you happy for the information in this document to be shared with relevant healthcare professionals? Yes No

Your signature:

Date:

Reviews

Signed:

Date:

Signed:

Date:

Signed:

Date:

Remember to regularly review (e.g. every 3–6 months) to ensure that this document still represents your wishes. Sign and date any changes you make.