



Values and Preferences Form 价值观及重要选择表

Planning for my future care 我的未来护理服务计划

EMR000120

What is a Values and Preferences Form?

价值观及重要选择表是什么？

A Values and Preferences Form can be used to make a record of your values, preferences and wishes about your future health and personal care.

价值观及重要选择表可用于记录您的价值观、重要选择及您关于未来的健康及个人护理方面的愿望。

What is advance care planning?

预立护理计划是什么？

Advance care planning is a voluntary process of planning for future health and personal care that can help you to:

预立护理计划是一个自愿参与的计划，您通过它规划您未来的健康和个人护理。它可以助您：

- think through and plan what is important to you and share this plan with others
- 慎重考虑对您来说重要的事项，并与其他人分享您的计划；
- describe your beliefs, values and preferences so that your future health and personal care can be given with this in mind
- 表达您的信仰、价值观及重要选择，以便在未来据此为您安排健康及个人护理服务；
- take comfort in knowing that someone else knows your wishes in case a time comes when you are no longer able to tell people what is important to you.
- 让您确信即使在您无法表达您所看重的事宜时，仍有人了解您的愿望，为您免去后顾之忧。

This form is one way to record your advance care planning discussions in Western Australia.

本表是在西澳大利亚州使用的其中一种记录您预立护理计划的方式。

Why is the Values and Preferences Form useful?

价值观及重要选择表为什么很有帮助?

Thinking through the questions in the form may help you to consider what matters most to you in relation to your health and personal care and what you would like to let others know. Your wishes may not necessarily be health related but will guide treating health professionals, enduring guardian(s), and/or family and carer(s) when you are unwell including any special preferences, requests or messages. This is particularly useful at times when you are unable to communicate your wishes.

考虑本表列出的问题,或可助您思考关于您的健康及个人护理方面您最在意的因素,以及您愿意向他人分享的信息。您在此记录的愿望不必须与健康直接相关,但您所记录的任何特别的选择、要求或信息都将对未来治疗您的医护人员、持久监护人、以及/或者家人及护工起到指导作用。在您无法自行沟通意愿时,这一作用尤为重要。

Are health professionals required to follow my Values and Preferences Form?

医护人员是否必须遵从我的价值观及重要选择表?

The Values and Preferences Form is a non-statutory document as it is not recognised under specific legislation. In some cases, a Values and Preferences Form may be recognised as a Common Law Directive.

价值观及重要选择表并非法定文件,因此不受特定法律约束。在某些情况下,价值观及重要选择表可被认定为一种普通法指令。

Common Law Directives are written or verbal communications describing a person's wishes about treatment to be provided or withheld in specific situations in future. There are no formal requirements for making Common Law Directives. It can be difficult to legally establish whether a Common Law Directive is valid and whether it should or should not be followed. For this reason, Common Law Directives are not recommended for making treatment decisions. If you intend to use this form as a Common Law Directive, you should seek legal advice.

普通法指令是描述个人关于未来在特定情况下希望接受或者避免的治疗手段的书面或口头意愿表达。现并无法规要求需将价值观及重要选择表认定为普通法指令。界定一份普通法指令是否有效及是否需要被遵从的过程可能比较困难,因此一般不推荐使用普通法指令的方式记录在医疗手段方面的决定。如您希望将本表记录的内容认可为普通法指令,您应寻求法律意见。

What is the difference between a Values and Preferences Form and an Advance Health Directive?

价值观及重要选择表和“预立健康指令”有什么不同?

An Advance Health Directive is a legal document in WA that enables you to make decisions now about the treatment you would want – or not want – to receive if you ever became sick or injured and were incapable of communicating your wishes.

“预立健康指令”是西澳大利亚州所使用的一种法律文件,您可使用它记录您在未来如不幸丧失健康或受伤以致无法沟通您的意愿时所希望(或不希望)接受的治疗。

The questions in this Values and Preferences Form are the same as in Part 3 of the Advance Health Directive. The Advance Health Directive has additional sections with questions relating to treatment decisions, including life-sustaining treatments.

本价值观及重要选择表中的问题与“预立健康指令”中的第3部分相同。“预立健康指令”中还包含其他与治疗决定相关的问题,包括生命维持治疗。

Please note: If you wish to document decisions about life-sustaining treatments that you consent or do not consent to receiving, you should complete an Advance Health Directive instead.

请注意:如您希望记录您关于接受生命维持治疗的许可或者反对,您应该使用“[预立健康指令](#)”,而非本表。

How should my Values and Preferences Form be stored and shared? 我应该如何存放我的价值观及重要选择表?

It is important that people close to you know that you have made a Values and Preferences Form and where to find it.

告知与您亲近的人您拟定了价值观及重要选择表、以及本表的存放地点,是非常重要的。

Keep the original in a safe place. You can also store a copy online using [My Health record](#) (register and [upload your advance care planning document](#)).

请将本表原件存放在安全的地方。您也可以使用[我的健康记录](#)将副本存放至网络(注册后,选择[上传您的预立护理计划文件](#))。

You may choose to give a copy to your:

您可以选择将本表的副本交予以下人士:

- family, friends and carers
- 家人、朋友及护工
- enduring guardian(s) (EPG)
- 您(通过EPG授权)的持久监护人
- enduring attorney(s) (EPA)
- 您在持久授权委托书(EPA)中指定的被授权人
- GP or local doctor
- 全科医生或您当地的医生
- other specialist(s) or health professionals
- 其他医疗专家或者医护人员
- residential aged care home
- 养老院
- local hospital
- 您当地的医院
- legal professional.
- 法务人士。

Make a list of the people who have a copy of your form as this will be a good reminder of who to contact if you decide to change or cancel your document(s) in future.

您可书写清单以记录拥有您表格副本的人士,这样做便于您在未来希望修改或者取消您的价值观及重要选择表时联系他们。

Where can I get help or find more information?

如果我在填写表格时需要协助或者更多信息, 应该怎样联系?

Visit healthywa.wa.gov.au/AdvanceCarePlanning or contact the Department of Health WA Advance Care Planning Line for general queries and to order free advance care planning resources:

请访问以下网址: healthywa.wa.gov.au/AdvanceCarePlanning 或联系西澳大利亚州健康部的预立护理计划热线, 进行一般性咨询或索取免费的预立护理计划相关资料:

Phone: 9222 2300

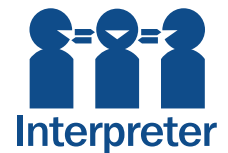
电话号码: 9222 2300

Email: acp@health.wa.gov.au

电子邮件: acp@health.wa.gov.au

If English is not your first language, you may need help to understand and complete this form. Contact the National Accreditation Authority for Translators and Interpreters (NAATI). You can search for a translator or interpreter via the Online Directory at naati.com.au/online-directory. The contact details for NAATI is 1300 557 470 or info@naati.com.au.

如果英语不是您的第一语言, 您在理解及完成本表时可能会需要帮助。请联系笔译及口译国家认证机构 (NAATI)。你可在NAATI的在线翻译名录上查找笔译员或者口译员, 搜索网址如下: naati.com.au/online-directory。您也可致电 1300 557 470或发送电子邮件至 info@naati.com.au以联系NAATI。



My personal details

我的个人信息

Full name

全名

Date of birth

出生日期

Address

地址

Suburb

区

State

州

Postcode

邮政编码

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone number

电话号码

Email

电子邮件

You do not need to complete every question in this form. Cross out any questions you do not want to complete.

您并不需要完成本表内的所有问题, 您可划去任何不希望回答的问题。

My major health conditions

我的主要健康状况

Use this section to list details about your major health conditions (physical and/or mental).

请在本段列出您的主要健康状况(身体及心理健康)。

Cross out this question if you do not want to complete it.

如您不希望回答, 请划去本题。

Please list any major health conditions below:

如您有任何重大的健康状况, 请写在下方:

My values and preferences

我的价值观及重要选择

When talking with me about my health, these things are important to me

在和我谈论我的健康议题时, 以下事项对我而言很重要:

Use this section to provide information about what is important to you when talking about your treatment.

请在本段提供在谈论您的治疗时, 您着重的事项。

This might include:

这可以包括:

- How much do you like to know about your health conditions?
- 您希望对自己健康状况的了解程度是什么?
- What do you need to help you make decisions about treatment?
- 您在作出关于治疗的决定时, 需要何种协助?
- Would you like to have certain family members with you when receiving information from your health professionals?
- 在医护人员向您提供信息时, 您希望有特定的家庭成员在场陪伴吗?

Cross out this question if you do not want to complete it.

如您不希望回答, 请划去本题。

Please describe what is important to you when talking to health professionals about your health:

请描述您认为在医护人员与您谈论您的健康时较为重要的事项:



These things are important to me

以下事项对我很重要

Use this section to provide information about what 'living well' means to you now and into the future.

请在本段描述“有质量地生活”在当下和未来对于您意味着什么。

This might include:
这可以包括：

- What are the most important things in your life?
您认为您人生中最重要的是什么？
- What does 'living well' mean to you?
“有质量地生活”对您而言意味着什么？

Cross out this question if you do not want to complete it.

如您不希望回答，请划去本题。

Please describe what 'living well' means to you now and into the future. Use the space below and/or tick which boxes are important for you.

请描述“有质量地生活”在当下和未来对您而言分别意味着什么。您可以在下方空白处填写，或从提供的选项中勾选。

Please describe:
请在此处描述：

Spending time with family and friends
与家人朋友共度时光

Living independently
独立生活

Being able to visit my home town, country of origin, or spending time on country
能够重访我的家乡、原籍国, 或者在乡村休养

Being able to care for myself (e.g. showering, going to the toilet, feeding myself)
能够保持生活自理 (如可自行洗浴、如厕、进餐)

Keeping active (e.g. playing sport, walking, swimming, gardening)
能够保持活动能力 (如可进行运动、行走、游泳、园艺)

Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering, pets, animals)
能够享受娱乐活动、保持嗜好及兴趣 (如音乐、旅行、做志愿者、照顾宠物或动物)

Practising religious, cultural, spiritual and/or community activities
(e.g. prayer, attending religious services)
能够保持信仰、文化、宗教及/或社区活动 (如参加祷告及宗教仪式)

Living according to my cultural and religious values (e.g. eating halal, kosher foods only)
能够依照我的文化与宗教价值观生活 (如仅进食清真、符合犹太教规的食品)

Working in a paid or unpaid job
能够拥有一份有酬或无酬的工作

These are things that worry me when I think about my future health

关于我未来的健康, 令我忧虑的事

Use this section to provide information about things that worry you about your future health.

请在本段描述您关于未来健康的顾虑。

If you become ill or injured in the future, what worries you most about what might happen?

如您未来不幸病倒或受伤, 您最担心可能发生的事情是什么?

You may worry about being in constant pain, not being able to make your own decisions, or not being able to care for yourself.

您可能会担心持续的疼痛、无法自行决定或生活无法自理。

Cross out this question if you do not want to complete it.

如您不希望回答, 请划去本题。

Please describe any worries you have about the outcomes of future illness or injury:

请描述您在未来如有疾病或受伤的情况下, 最担心的由疾病或者受伤所致的后果:



When I am nearing death, this is where I would like to be

如我临近死亡, 我希望去往的地方

Use this section to indicate where you would like to be when you are nearing death.

请在本段描述您如临近死亡时希望去往何处。

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

如您临近死亡, 您希望在何地度过最后的数天或者数周?

Cross out this question if you do not want to complete it.

如您不希望回答, 请划去本题。

Please indicate where you would like to be when you are nearing death. Tick the option that applies you. You can provide more detail about the option you choose in the space below.

请描述您如临近死亡时希望去往何地。请从提供的选项中勾选。您可在下方空白处就已选项目提供更多信息。

I want to be at home – where I am living at the time
我希望回家——即我在当时所居住处

I do not want to be at home – provide more details below
我不希望回家——请提供更多信息

I do not have a preference – I would like to be wherever I can receive the best care for my needs at the time
我对场所没有特殊要求——我愿意被安置在能够最好地满足我当时需求的场所

Other – please specify:
其他——请详细说明:

Please provide more detail about your choice:

请就您的选择提供更多信息:

When I am nearing death, these things are important to me

如我临近死亡, 以下事项很重要

Use this section to provide information about what is important to you when you are nearing death.

请在本段提供您认为在临近死亡阶段对您重要的事项。

- What would comfort you when you are dying?
- 如您临近死亡, 有什么能令您感到舒适?
- Who would you like around you?
- 您希望有谁陪伴您?

Cross out this question if you do not want to complete it.

如您不希望回答, 请划去本题。

Please describe what is important to you and what would comfort you when you are nearing death. Use the space below and/or tick which boxes are important for you.

请描述您认为在临近死亡时重要的事项及能令您感到舒适的因素。您可在下方书写, 或从提供的选项中勾选对您重要的项目。

Please describe:
请描述:

I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible. (Please provide details of what being comfortable means to you)

我不想感到疼痛, 我希望控制我的症状, 让我尽量感到舒适。(请详细描述您认为怎样是感到舒适)

I want to have my loved ones and/or pets and/or other items around me
(Please provide details of who you would like with you)

我希望有我至爱的人们以及/或者宠物陪伴, 以及/或者其他物品在我身边 (请详细说明您希望由哪些人陪伴)

It is important to me that cultural or religious traditions are followed
(Please provide details of any specific traditions that are important for you)

遵从我的文化或者宗教传统对我而言很重要 (请详细说明任何对您而言重要的特定传统)

I want to have access to pastoral/spiritual care
(Please provide details of what is important for you)

我希望能够得到宗教或精神关怀 (请详细说明您认为重要的事项)

My surroundings are important to me (e.g. quiet environment, music, photographs, being on Country, being close to home) (Please provide details of what is important for you.)

我的周边环境对我而言很重要 (如: 安静的环境、音乐、相片、身处乡村、身处离家不远的地方) (请详细说明您认为重要的事项)

Advance care planning related documents

预立护理计划相关文件

Use this section to list where and with whom you have stored/shared copies of your Values and Preferences Form and other advance care planning related documents. Cross out this question if you do not want to complete it.

请在本段列出您存放价值观及重要选择表及其他预立护理计划相关文件的地点，以及持有您此类文件副本的人士。如您不希望回答，请划去本题。

They have a copy of my: 他们持有我以下文件的副本					
Details 人员信息	Values and Preferences Form 价值观及重要选择表	Advance Health Directive “预立健康指令”	Enduring Power of Guardianship (EPG) 持久监护人授权书 (EPG)	Enduring Power of Attorney (EPA) 持久授权委托书 (EPA)	Will 遗嘱
Who else has a copy? 持有您文件副本的人士：					
My family, friends and carers 我的家人、朋友及护工					
Person 1 第一位：	Name 姓名				
	Contact details 联系方式				
Person 2 第二位：	Name 姓名				
	Contact details 联系方式				

My enduring guardian(s) 我的持久监护人(们)				
Enduring guardian 1 持久监护人之一：	Name 姓名			
	Contact details 联系方式			
Enduring guardian 2 持久监护人之二：	Name 姓名			
	Contact details 联系方式			
My health professionals 我的医护人员				
GP 全科医生	Name 姓名			
	Contact details 联系方式			
Specialist/health professional 1 医疗专家/医护人员之一	Name 姓名			
	Contact details 联系方式			
Specialist/health professional 2 医疗专家/医护人员之二	Name 姓名			
	Contact details 联系方式			
Residential aged care facility 养老院	Facility name 养老院名称			
	Contact details 联系方式			
Local hospital 当地医院	Hospital name 医院名称			
	Contact details 联系方式			

continued
接上页

**They have a copy of my:
他们持有我以下文件的副本**

They have a copy of my: 他们持有我以下文件的副本					
Details 人员信息	Values and Preferences Form 价值观及重要选择表	Advance Health Directive “预立健康指令”	Enduring Power of Guardianship (EPG) 持久监护人授权书 (EPG)	Enduring Power of Attorney (EPA) 持久授权委托书 (EPA)	Will 遗嘱
Online versions 网上副本					
My Health Record 我的健康记录					
Other people who have a copy 其他持有文件副本的人士					

It is important to make sure you know where your original advance care planning document(s) are so that you (and your family) can access them easily if needed. It may be useful to keep them all in the same place.

您需要牢记您存放预立护理计划原件的地点，以便您（及家人）能够在需要时轻松获取。将预立护理计划及其相关文件存放在同一地点可能是较好的做法。

Document 文件名称	Where do I keep the original of my current advance care planning document(s)? 我存放最新版本的预立护理计划及相关文件的地点是：
Values and Preferences Form 价值观及重要选择表	
Advance Health Directive “预立健康指令”	
Enduring Power of Guardianship (EPG) 持久监护人授权书 (EPG)	
Enduring Power of Attorney (EPA) 持久授权委托书 (EPA)	
Will 遗嘱	

Signing of Values and Preferences Form

签署价值观及重要选择表

- You are encouraged to sign this Values and Preferences Form. If you are physically incapable of signing this Values and Preferences Form, you can ask another person to sign for you. You must be present when the person signs for you.
- 我们鼓励您亲自签署本价值观及重要选择表。如您由于身体原因无法亲自签署，您可指定他人代您签署，但您必须在签署时在场见证。

This is my true record on this date and I request that my values, beliefs and preferences are respected.

本表记录的是我在以下日期的真实意愿，我请求相关人士尊重我的价值观、信仰及关于重要事项的选择。

Signed by:

(signature of person making this Values and Preferences Form)

签署人：

(本价值观及重要选择表的创建者本人)

Date: (dd/mm/year)

日期：(日/月/年)

Or

或：

Signed by:

(name of person who the maker of the Values and Preferences Form has directed to sign)

代署人：

(本价值观及重要选择表的创建者本人指定的代签字人)

Date: (dd/mm/year)

日期：(日/月/年)

In the presence of, and at the direction of:

(insert name of maker of Values and Preferences Form)

以上签署由以下人士见证并要求：

(本价值观及重要选择表的创建者本人)

Date: (dd/mm/year)

日期：(日/月/年)

This document can be made available in alternative formats on request for a person with disability.

残障人士如有需要,可联系本部以获取本资料的其他形式。

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