

To make the best of own future.

MY NOTE FROM NOW ON



What will happen to you tomorrow? We cannot predict a disaster, an accident or when an onset of an illness will occur. Just in case, the things that you are giving importance and worries, what kind of medical treatment and about the care you desired to have, to think about it by yourself and to talk about it with the person you trust is called [ADVANCE CARE PLANNING]. Nickname: Jinsei Kaigi.

The discussion from now on is about the medical treatment and care when something happens to you and this help will be important in case that the person you trusted is difficult to decide for you.

To live on your own, would you like to think and use this [NOTE FROM NOW ON] to know how do you want to live and how do you want to spend the last stairs of your life?



4POINTS

● NOT ONLY THE END OF LIFE

Not only the end of life, future, family and supporters can also think a way to support you.

● NOT ONLY THE ELDERLY

Can deal with young person. There are some person who would think that it is too early but can try to work on it and give it a chance to talk with your family about the future.

● NOT THE LAST WILL

This note is not a legal effects of a last will. Regardless if you can or not, let's freely write on it and to think what you want to do.

● REWRITE [Why not...]

Our feelings changes day by day. Do not forget to write the day of filling.

Date of filling : YR. MONTH DAY

Let's use a pencil as possible so that we can rewrite it later.





ABOUT (MYSELF)



Let's write this to let the people around you to understand, to give you better support and to know the basic matter and health condition in advance.

FURIGANA NAME		DATE OF BIRTH	YEAR	MONTH	DAY
			(AGE)		
ADRESS	〒 -				
LANDLINE	() -	MOBILE NO.	-	-	
HEIGHT	cm	WEIGHT	kg	BLOOD TYPE	

EMERGENC Y CONTACT NUMBER (FAMILY /FRIEND)	NAME	RELATION	ADDRESS	CONTACT NUMBER	

HEALTH CONDITION	PRIMARY HOSPITAL (DOCTOR/DENTIST)		
	NAME OF MEDICAL INSTITUTION	DEPARTMENT	DOCTOR'S NAME
	MEDICINE HANDBOOK	HOLDER • NON-HOLDER	Attention matters regarding the health condition (allergy etc.)
	※ Care Manager in-charge		
NAME :			

※ The in-charge care manager will write only for person who is using the caregiver service.

IMPORTANT THINGS WHEN FILLING OUT THIS NOTE

- It is possible to rewrite for many times. **It is possible not to write everything.**
You can start to write from the easiest part.
- Please regularly review the written contents. Maybe there is a change of feeling.
- Please be careful of handling this, decide where to keep it and tell the storage place to someone whom you can trust.



WHEN SOMETHING HAPPENS TO ME



Let's answer this in preparation when something happens to you, in relation of the way of your thinking and feeling about the medical treatment, nursing, funeral and so on..

When got sick	ABOUT THE NOTICE	
	<input type="checkbox"/> Wishing to be notified about the disease and life expectancy.	<input type="checkbox"/> Entrust the family, etc.
	<input type="checkbox"/> Only the name of the disease is wish to be notified.	<input type="checkbox"/> Do not want to be notified.
	WHEN THE CONDITION AT HOME SUDDEN CHANGE	
	<input type="checkbox"/> Wishing the doctor or nurse to come.	<input type="checkbox"/> Entrust the family , etc.
	<input type="checkbox"/> Wishing to carry by ambulance to the hospital.	<input type="checkbox"/> Others ()
When got sick	REGARDING THE LIFE-PROLONGING TREATMENT (When you are told that your life will end in 6 months or in a short period.)	
	<input type="checkbox"/> Wishing to receive a life-prolonging treatment as possible.	<input type="checkbox"/> Wishing to lessen the pain.
	<input type="checkbox"/> Not wishing to have a life-prolonging treatment.	<input type="checkbox"/> Others ()
	<input type="checkbox"/> Try the life-prolonging treatment and wishing to stop when if it thinks that it is not good for me.	
When got sick	PLACE TO SPEND ON THE LAST STAIRS OF LIFE	
	<input type="checkbox"/> Wishing to stay at home.	<input type="checkbox"/> Wishing to stay in the hospital.
	<input type="checkbox"/> Wishing to stay in the institution other than the hospital.	<input type="checkbox"/> Others ()

When caregive is necessary	Person you want to request for nursing.	
	<input type="checkbox"/> family	<input type="checkbox"/> friend • acquaintance <input type="checkbox"/> professional <input type="checkbox"/> others ()
	Place where you want to do the nursing.	
	<input type="checkbox"/> at home	<input type="checkbox"/> institution or hospital () <input type="checkbox"/> entrust

Funeral / Grave	FUNERAL SERVICE PROVIDER- CONTRACT DURING LIFETIME / RESERVATION	
	<input type="checkbox"/> nothing	
	<input type="checkbox"/> with contract / reservation (Name of the funeral service : Contact :)	
	CONTENTS OF THE FUNERAL	
	<input type="checkbox"/> family • entrust the family <input type="checkbox"/> have a request ()	
	REGARDING THE LAST WILL	
	<input type="checkbox"/> no	<input type="checkbox"/> yes
Funeral / Grave	GRAVE AND OSSUARY	
	<input type="checkbox"/> no	<input type="checkbox"/> yes (Place :)

Things you would like to say in relation with the disease, care give / nursing and funeral.	

ABOUT MYSELF

[UNTIL NOW AND FROM NOW ON]



Let's think about the things you would like to say about the important things for you and what kind of living you wanted to be from now on.

ABOUT • MYSELF

- Things you like, something you are good at and fun things.
- Things not good at and dislikes.
- Things you are giving importance and motto.

ABOUT MYSELF FROM NOW ON

- People you wanted to meet, things you want to try from now on.
- Things to worry about and being anxious.
- Things wanted to tell.

INQUIRY

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You can download !
[MY NOTE FROM NOW ON]
here !

