

Final Wish Request Form



YOUR DETAILS

Your Name:

Email:

Phone:

Relationship to Wish Recipient (if applying for yourself, please leave blank):

Who should Ambulance Wish Western Australia contact regarding the final wish?

- Wish Recipient
- Key contact person
- Both

Preferred Method of Contact

- Email
- Phone

WISH RECIPIENT DETAILS

Name: Date of Birth:

Phone:

Current address:

Primary diagnosis:

Wish Recipient Weight:

- Less than 100 Kg
- 100 Kg to 150 Kg
- More than 150 Kg

LEAD CLINICIAN (DOCTOR IN CHARGE OF CARE) DETAILS

Name:

Email:

Phone:

ELIGIBILITY

Wish recipient has a terminal diagnosis and is currently receiving palliative care or end-of-life care (as confirmed by their GP or treatment specialist)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Wish recipient requires specialised transport to visit their place of personal significance due to logistical/ transport barriers or medical needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does the recipient have the approval of their lead clinician to undertake this journey?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does the recipient have an Advanced Health Directive (AHD) or similiar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Where the Wish Recipient has been approved under the VAD Act 2019, is the purpose of this wish to complete VAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Each wish is individually assessed. Responses to the above questions will not affect consideration.	

FINAL WISH REQUEST

Desired location:

Please provide us with some details of the final wish and its significance:

Do you have a preferred date or time for fulfilment of the wish?

Date:

Time:

ADDITIONAL INFORMATION

Has a wish been previously requested for this person? Yes No

Do you grant Ambulance Wish Western Australia permission to use images and/ or video recorded during the Final Wish to document the wish and promote Ambulance Wish Western Australia?

Yes With approval No

FINAL WISHES

* Ambulance Wish Western Australia is volunteer run and all journeys are subject to the availability of volunteers.

* A family member or carer can accompany the Wish Recipient in the Wish Ambulance.

* The Wish Recipient must be able to consent to the Final Wish.

* The Final Wish request is not booked until you receive a phone call and/ or confirmation email.

Yes, I agree to the wish conditions.

By filling in this form you give Ambulance Wish Western Australia permission to use your personal data for the realisation of the final wish. This data will be kept securely in the archives of Ambulance Wish Western Australia for seven years.