

My Journey to Dreaming Diary

Acknowledgement of Country

The AH&MRC acknowledge the Traditional Custodians of the land where we work and live, and recognise their continuing connection to land, water and Community. We would like to acknowledge people who are receiving palliative care, their families and pay respect to Elders past, present and emerging.

**Always was. Always will be.
Aboriginal land.**



Aboriginal
Health & Medical
Research Council
of NSW

www.ahmrc.org.au



Madison Connors,
Aboriginal Artist.

Artwork story: Journey to dreaming

This piece depicts the journey of life to the bright and bold dreaming. The dreaming is a beautiful place; our ancestral guides live there and hold space for our learnings. It shares the communities and people that have entered through your lives and those who have guided you. It is filled with love and laughter. Until we meet again, you will stay in the hearts of all whom you have touched.

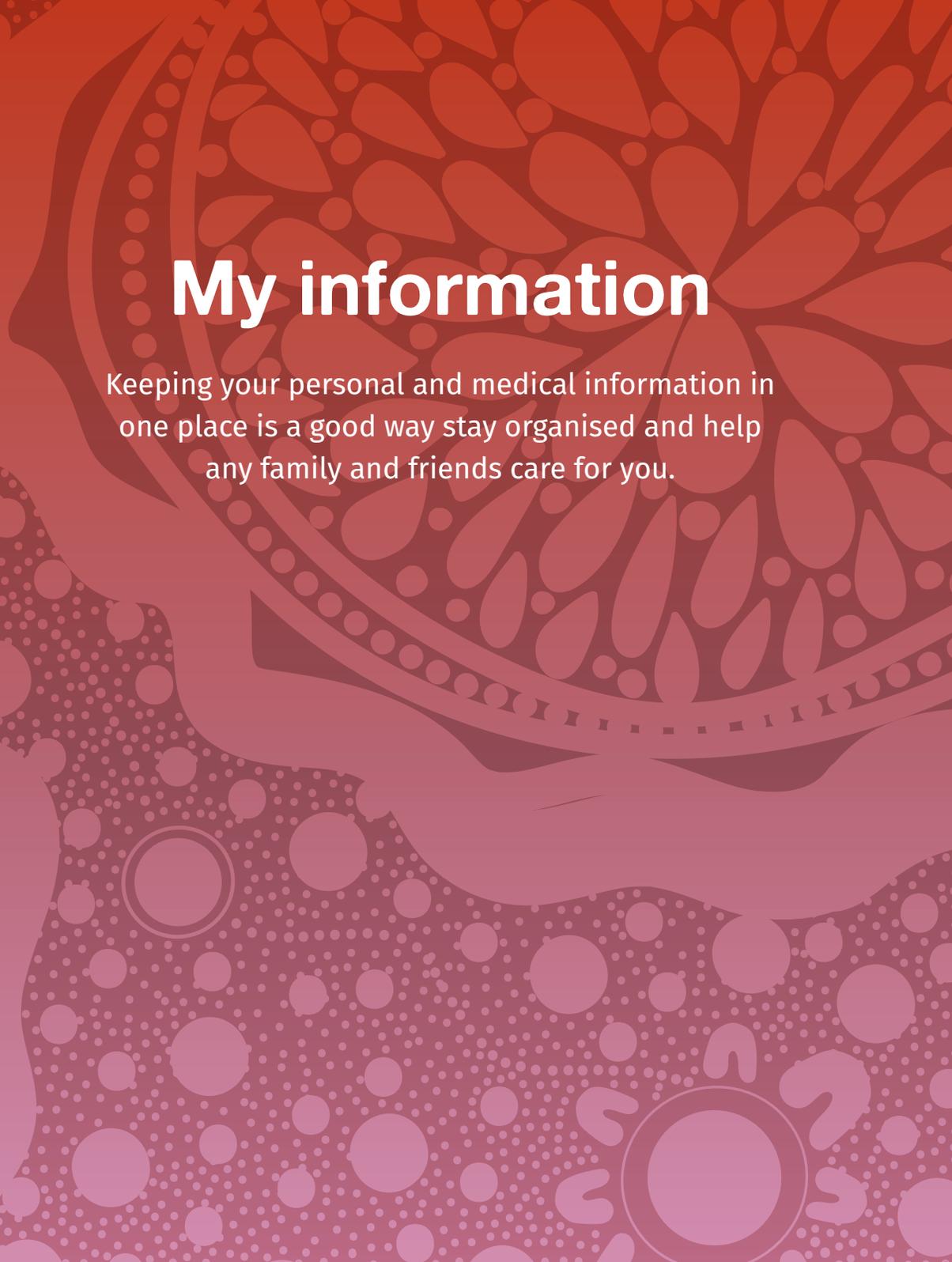
About the artist

Madison Connors (nee' Saunders) is a proud and strong Yorta Yorta, Dja Dja Wurrung and Gamilaroi woman.

My Journey to Dreaming Diary

The cultural belief that life is a continuum, Life-Death-Life, is common amongst Aboriginal and Torres Strait Islander peoples. Central to this belief is that all living things, people, animals, and plants have a spirit; and their spirits connects the living to the past, present and future. At the time of death, the spirit leaves the body to return to their Ancestors' Country. After death, the family ensures the safe passage of the spirit to their Ancestors and return the body to Country.

The AH&MRC has created the My Journey to Dreaming Diary to help you through this transitional time. This diary is a place to keep your personal and medical information and includes mindful activities to prompt reflection, wellness, and gratitude.



My information

Keeping your personal and medical information in one place is a good way stay organised and help any family and friends care for you.

Write down your emergency contacts and medical information below.

My Emergency Contact 1

Name: _____

Home Phone: _____

Mobile Phone: _____

Relationship: _____

My Emergency Contact 2

Name: _____

Home Phone: _____

Mobile Phone: _____

Relationship: _____

My Medical Information

Medicare Number: _____ **Expiry:** _____

Pension Health Care Card: _____ **Expiry:** _____

My Doctor: _____

Medical Centre: _____ **Phone Number:** _____

My medical team

Your medical team is there to support you through your journey. Sometimes it can be confusing to work out who's who and keep track of important medical information.

Write down information about your medical team in the boxes below.

Palliative Care

Service:

Contact Person:

Contact Number:

Further Information:

Doctor #1

Service:

Contact Person:

Contact Number:

Further Information:

Doctor #2

Service:

Contact Person:

Contact Number:

Further Information:

Nurse #1

Service:

Contact Person:

Contact Number:

Further Information:

Nurse #2

Service:

Contact Person:

Contact Number:

Further Information:

Aboriginal Health Worker #1

Service:

Contact Person:

Contact Number:

Further Information:

Aboriginal Health Worker #2

Service:

Contact Person:

Contact Number:

Further Information:

Other Supports

Service:

Contact Person:

Contact Number:

Further Information:

My appointments

Writing down your appointments will help you keep track of what you have coming up and the next steps of your treatment.

Date:

Time:

Doctor:

Location:

Appointment notes:

Next Steps:

My symptoms

Some days you will feel better than others. It's important to write down your symptoms and record how you are feeling every day. This will help your doctor to understand whether the medication and treatment you are receiving is right for you.

Week 1

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Wednesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Saturday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 2

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Wednesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Saturday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 3

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Wednesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

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Drowsiness: _____

Other: _____

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Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 4

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

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Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

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Drowsiness: _____

Other: _____

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Drowsiness: _____

Other: _____

Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 5

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Wednesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Saturday: _____ **Date:** _____ **Time:** _____

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Other: _____

Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 6

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Wednesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

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Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

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Drowsiness: _____

Other: _____

Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 7

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Wednesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Thursday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Friday: _____ **Date:** _____ **Time:** _____

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Drowsiness: _____

Other: _____

Saturday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Week 8

Monday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

Tuesday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____

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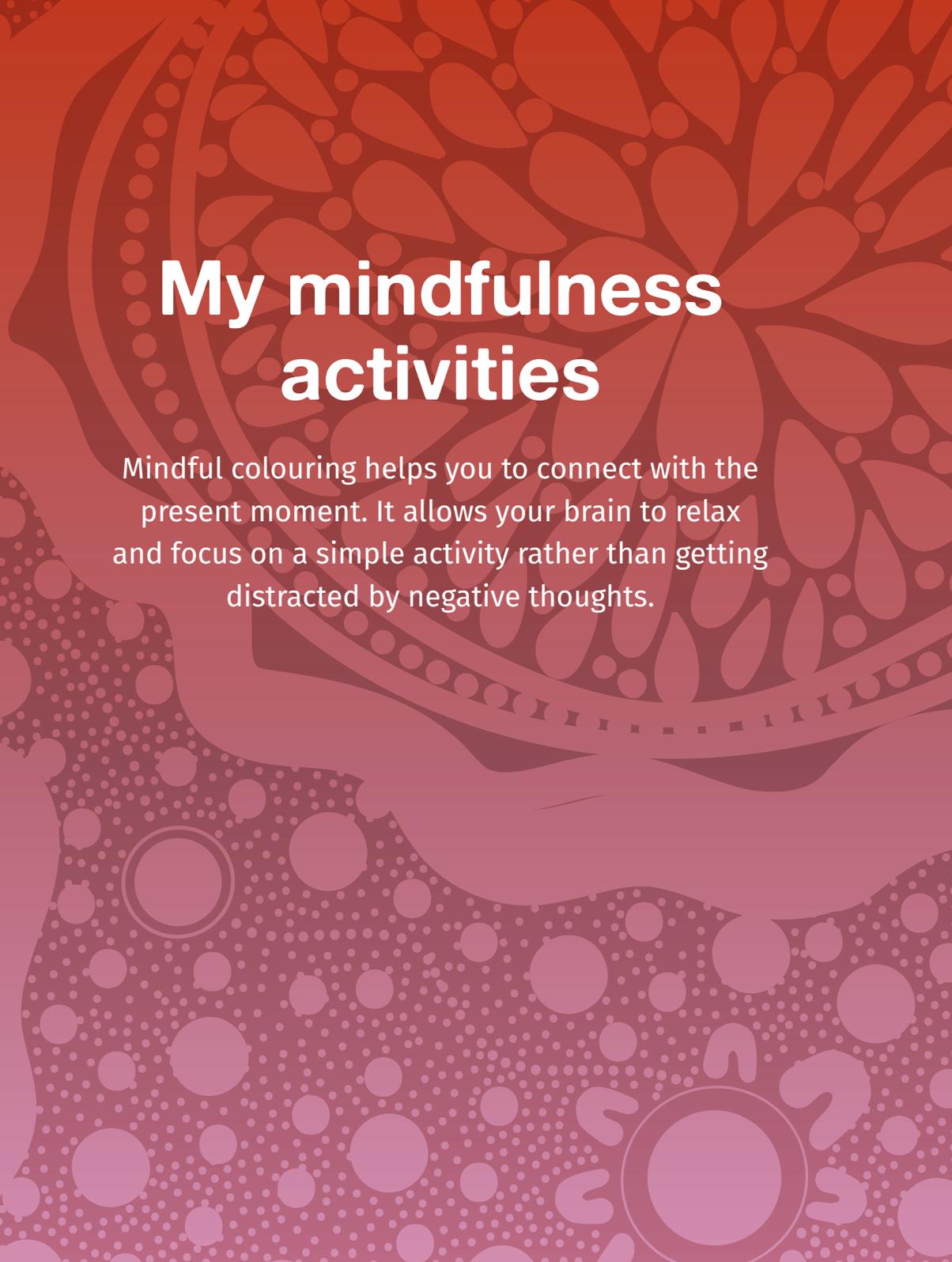
Sunday: _____ **Date:** _____ **Time:** _____

Pain Scale: (No Pain) 1 2 3 4 5 6 7 8 9 10 (High Pain) _____

Nausea: _____

Drowsiness: _____

Other: _____



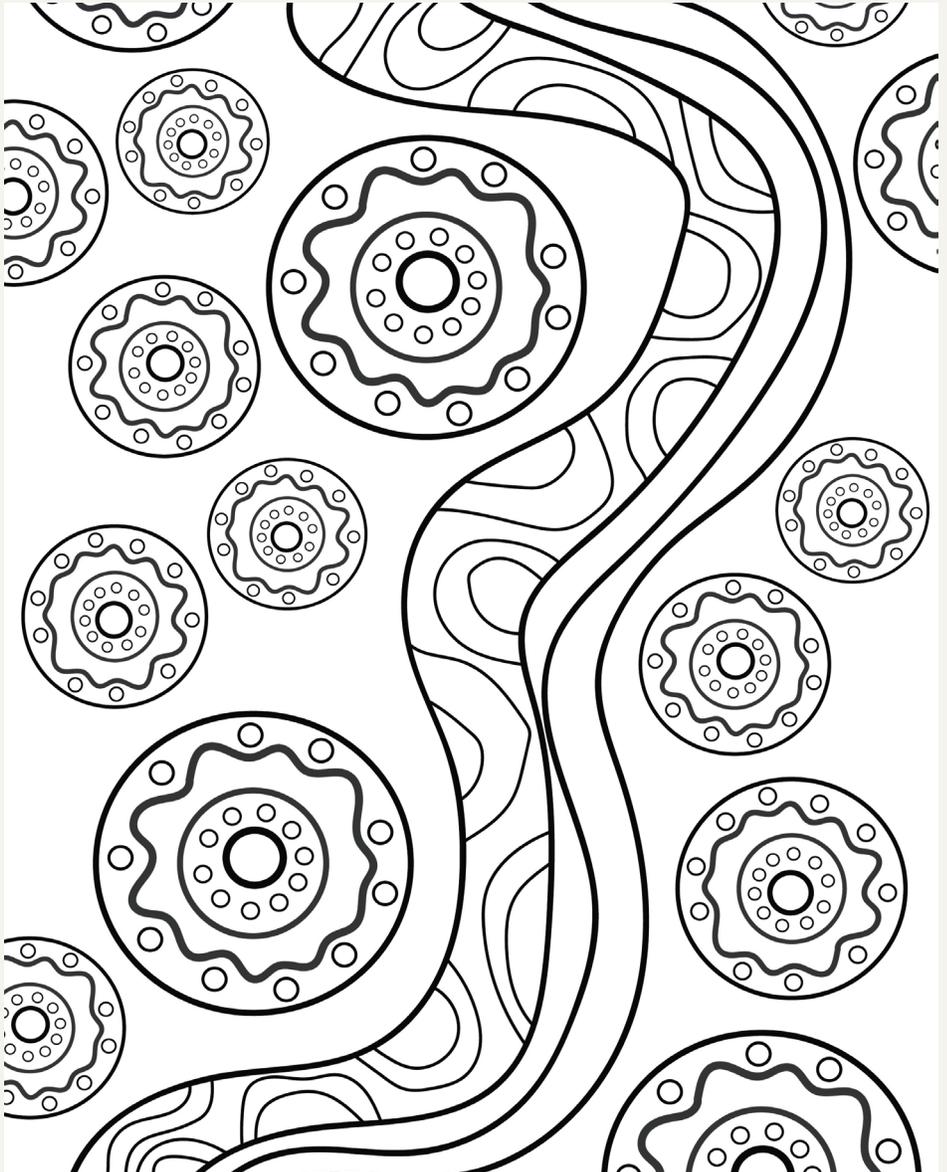
My mindfulness activities

Mindful colouring helps you to connect with the present moment. It allows your brain to relax and focus on a simple activity rather than getting distracted by negative thoughts.

Artwork story: Connection to country

Our connection to country is our bloodline. This enables our growth and feeds our soul.

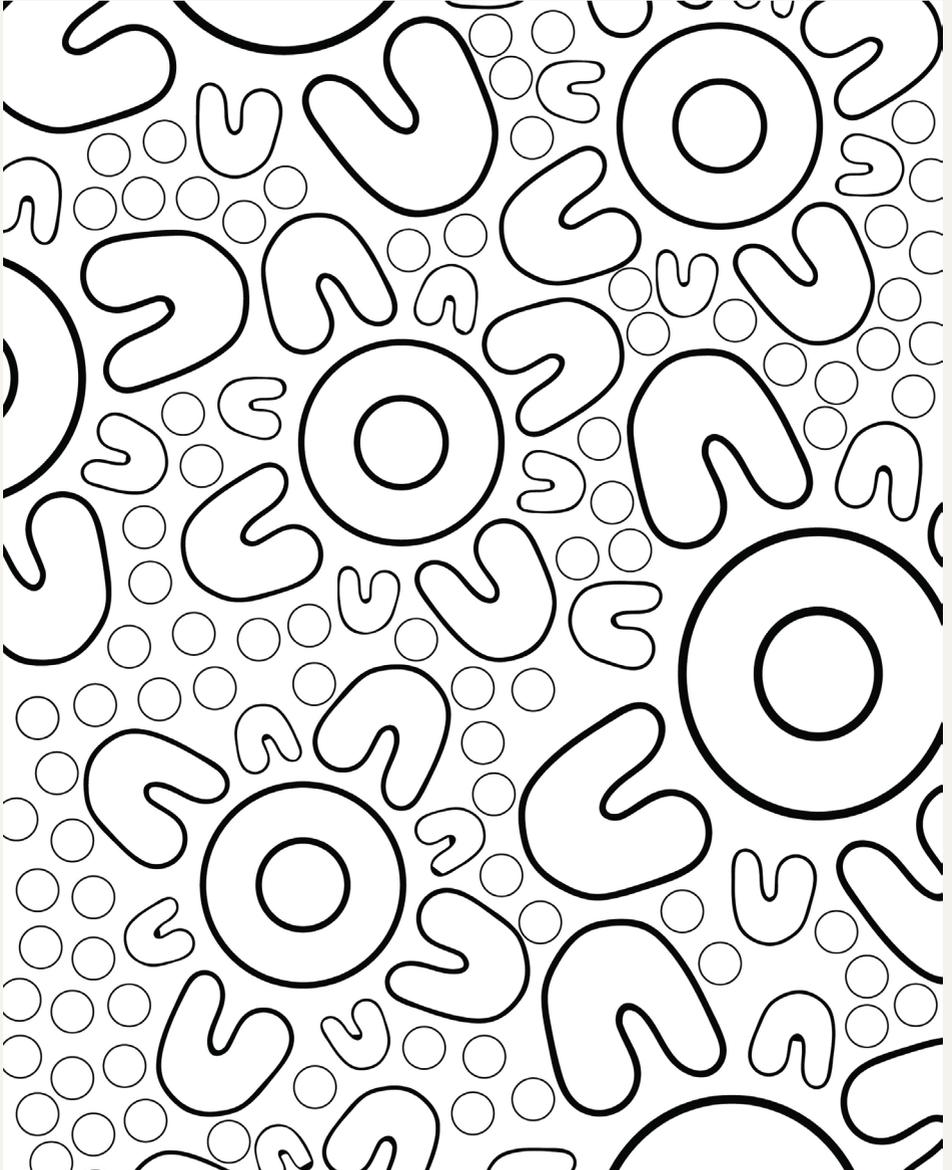
Artist: Madison Connors



Artwork story: Connection to community

Our communities are so important to us as black fellas. Our communities keep us strong. Our communities keep us supported and our communities keeps us connected. We are community.

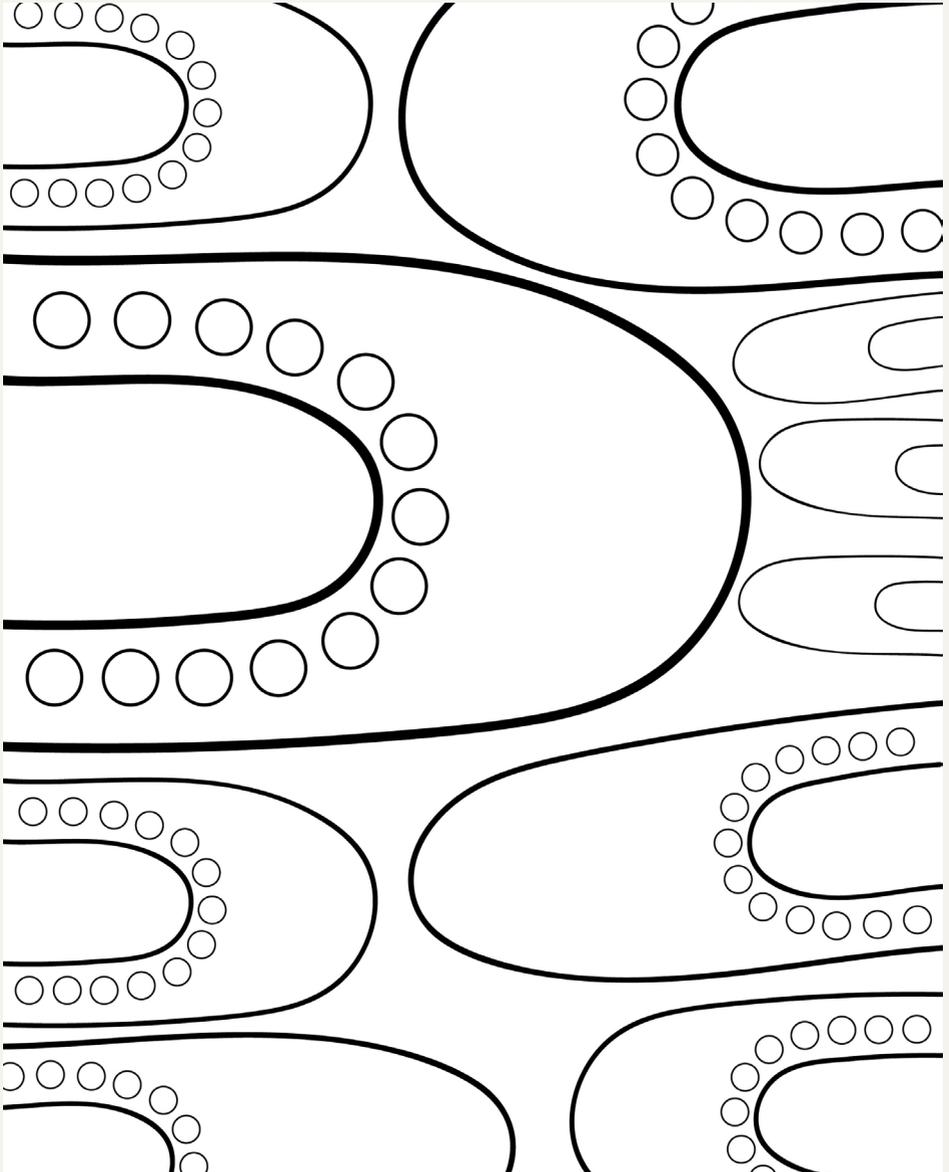
Artist: Madison Connors



Artwork Story: Our ancestor's strength

Our ancestors are beside us during the darkest days. They allow us to hold our strength and find our way. Through life's challenges they are there, through our sadness they are there. Listen closely to them, they will help guide and support you.

Artist: Madison Connors



Take a moment to reflect on the daily question. Stay present and write down your thoughts and feelings. This is your space to check in with yourself without judgement. Don't be shame of what you write.

Monday



What are you grateful for today?

Try and write down five things you are grateful for.

Tuesday



What have you achieved today?

(Small accomplishments count as well.)

Wednesday



What emotion did you feel most today?

Give the emotion a name and see if you can draw the feeling.

Thursday



Without judgement, what thoughts are floating through your mind today?

Friday



What are three things that made you smile this week?

Saturday



What relationships are you grateful for?

How do you celebrate the people in your life?

Sunday



How are you taking care of yourself today?

See if you can plan a self-care activity each day next week.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Monday

Tuesday

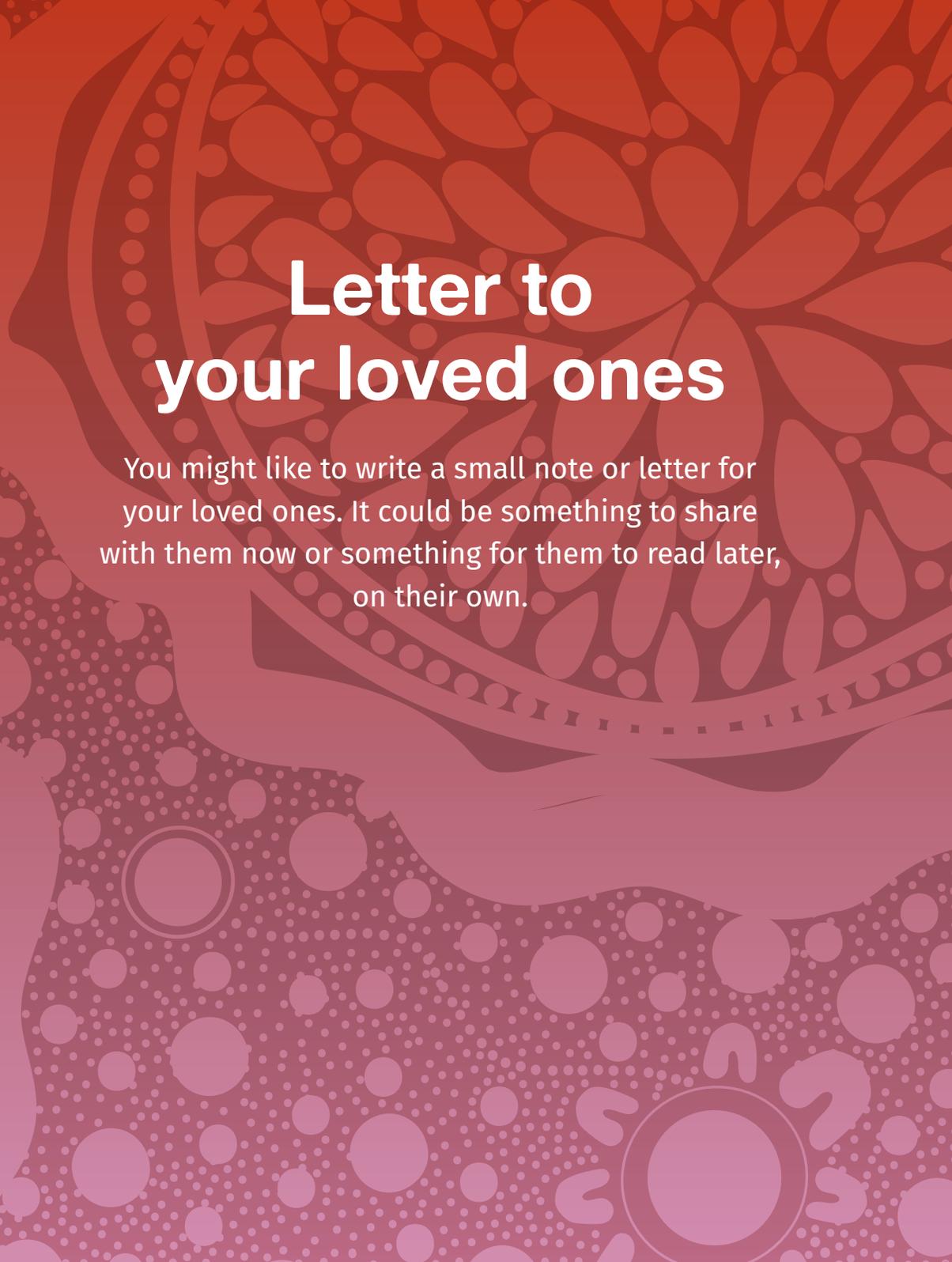
Wednesday

Thursday

Friday

Saturday

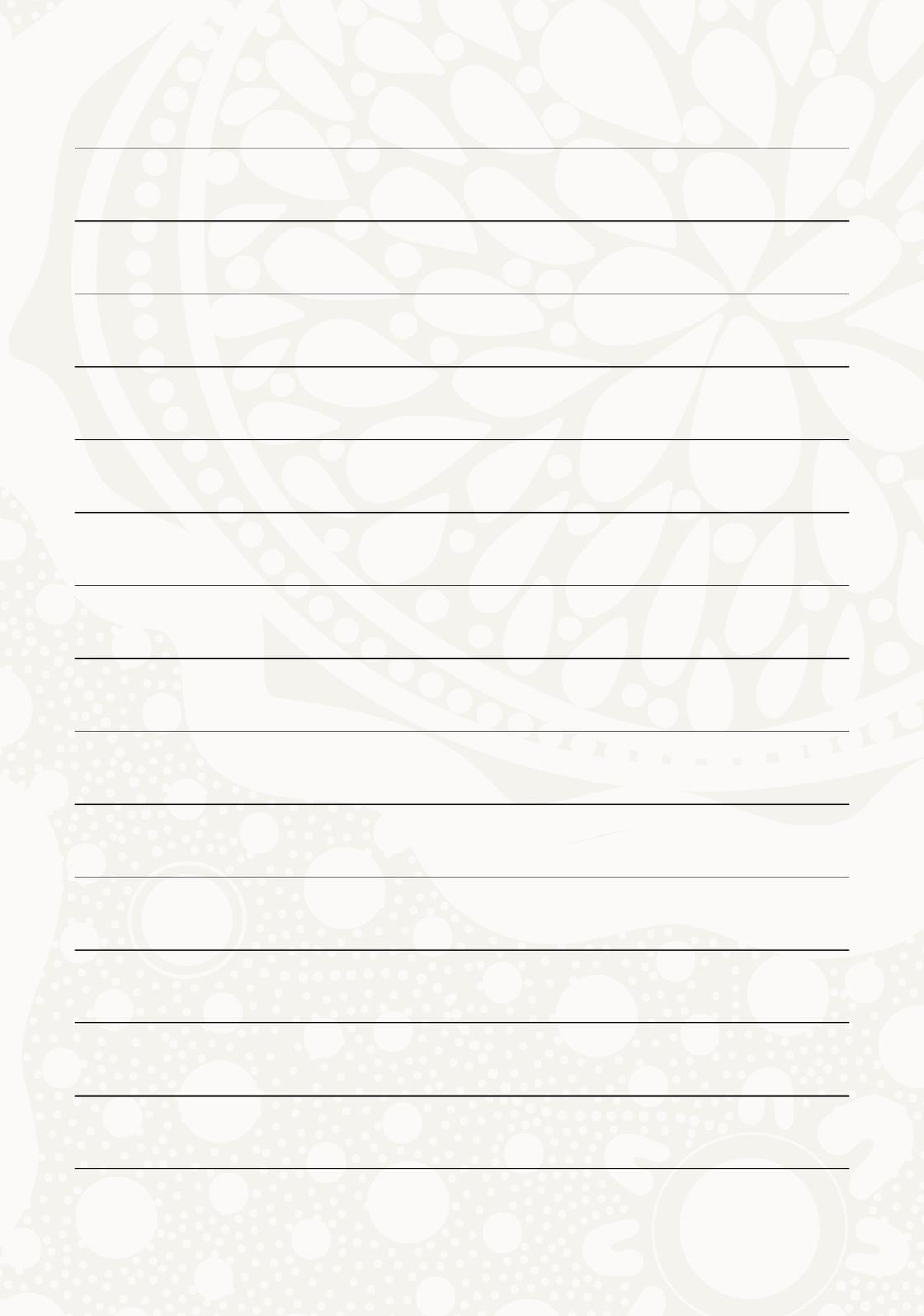
Sunday

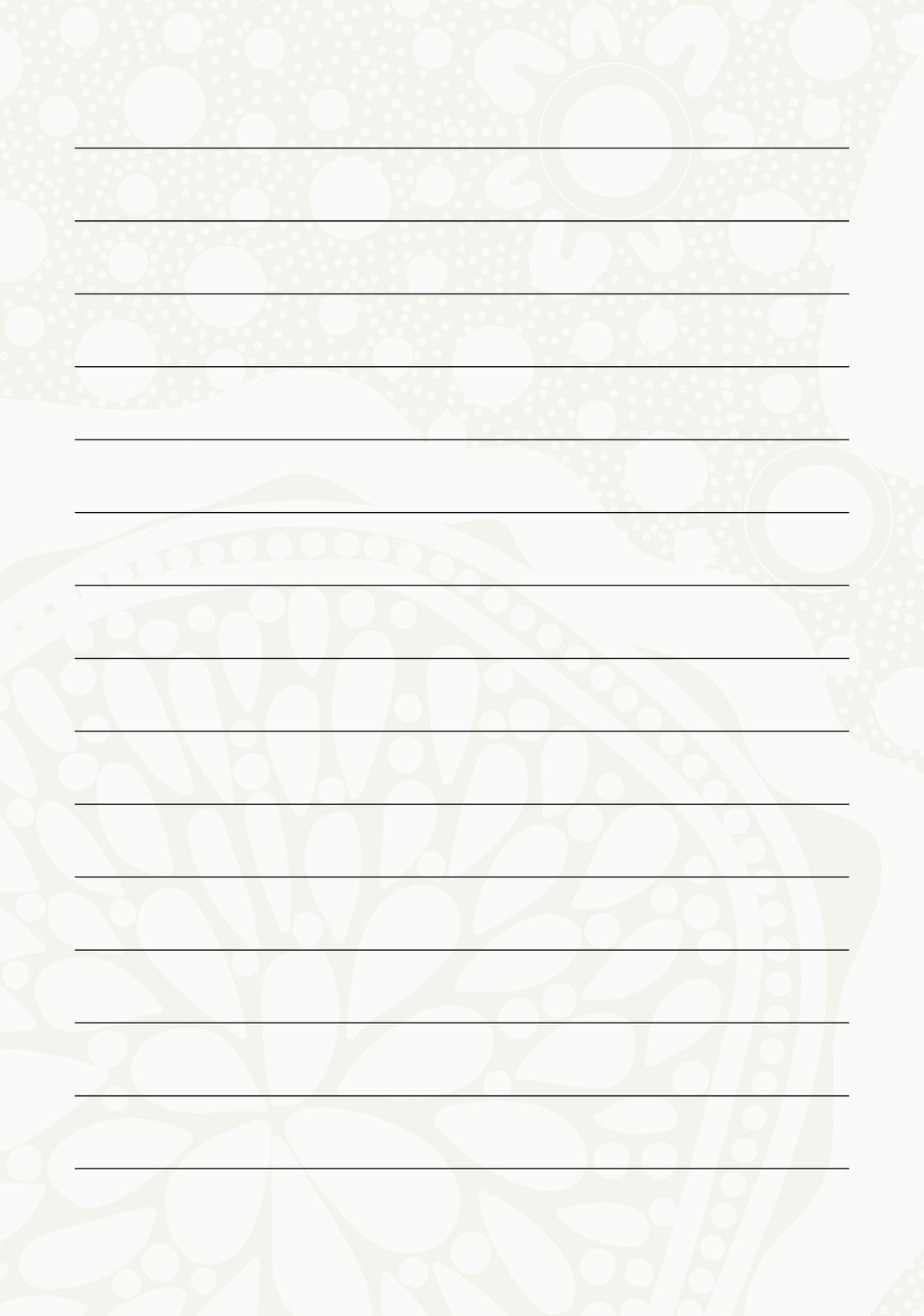


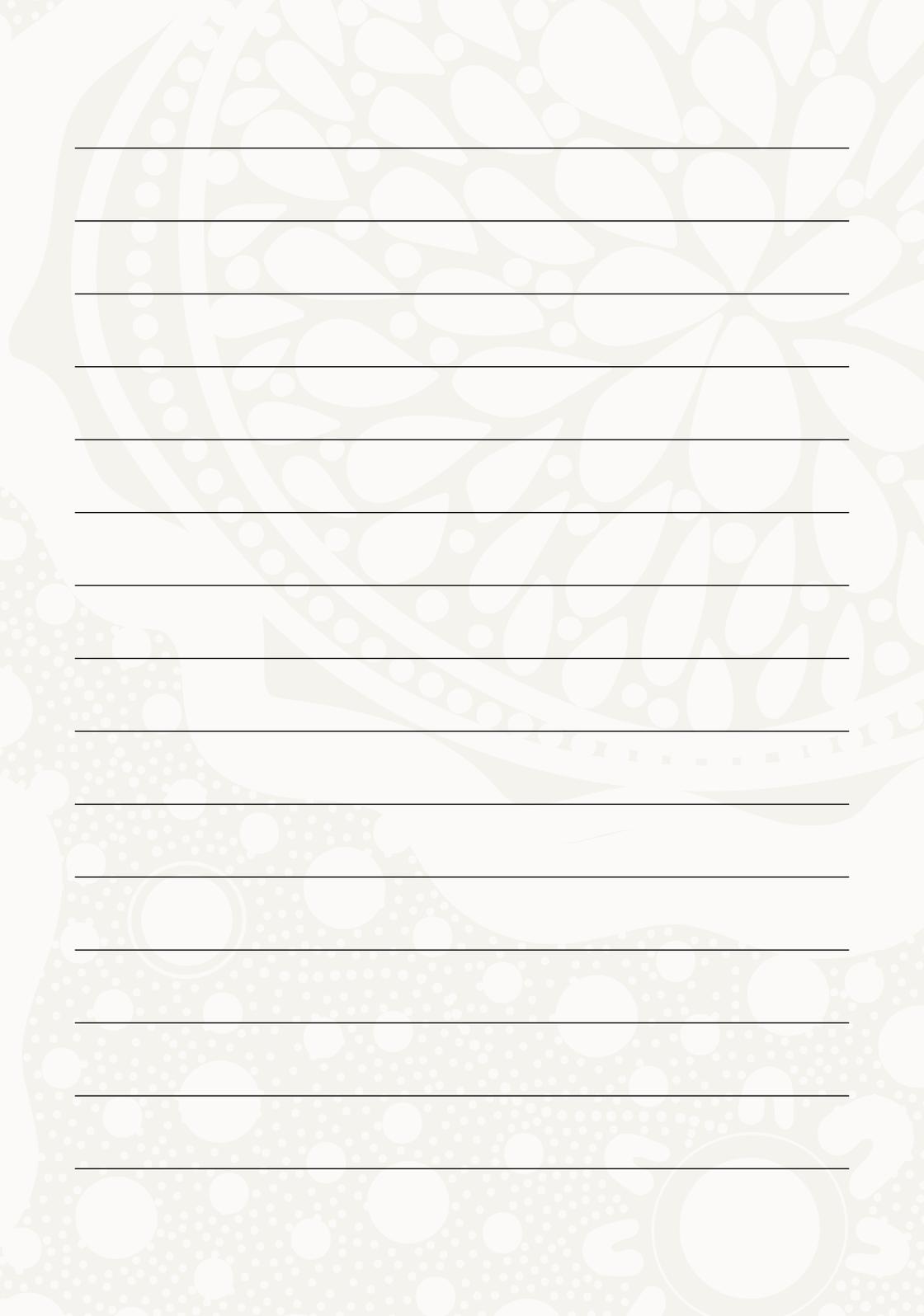
Letter to your loved ones

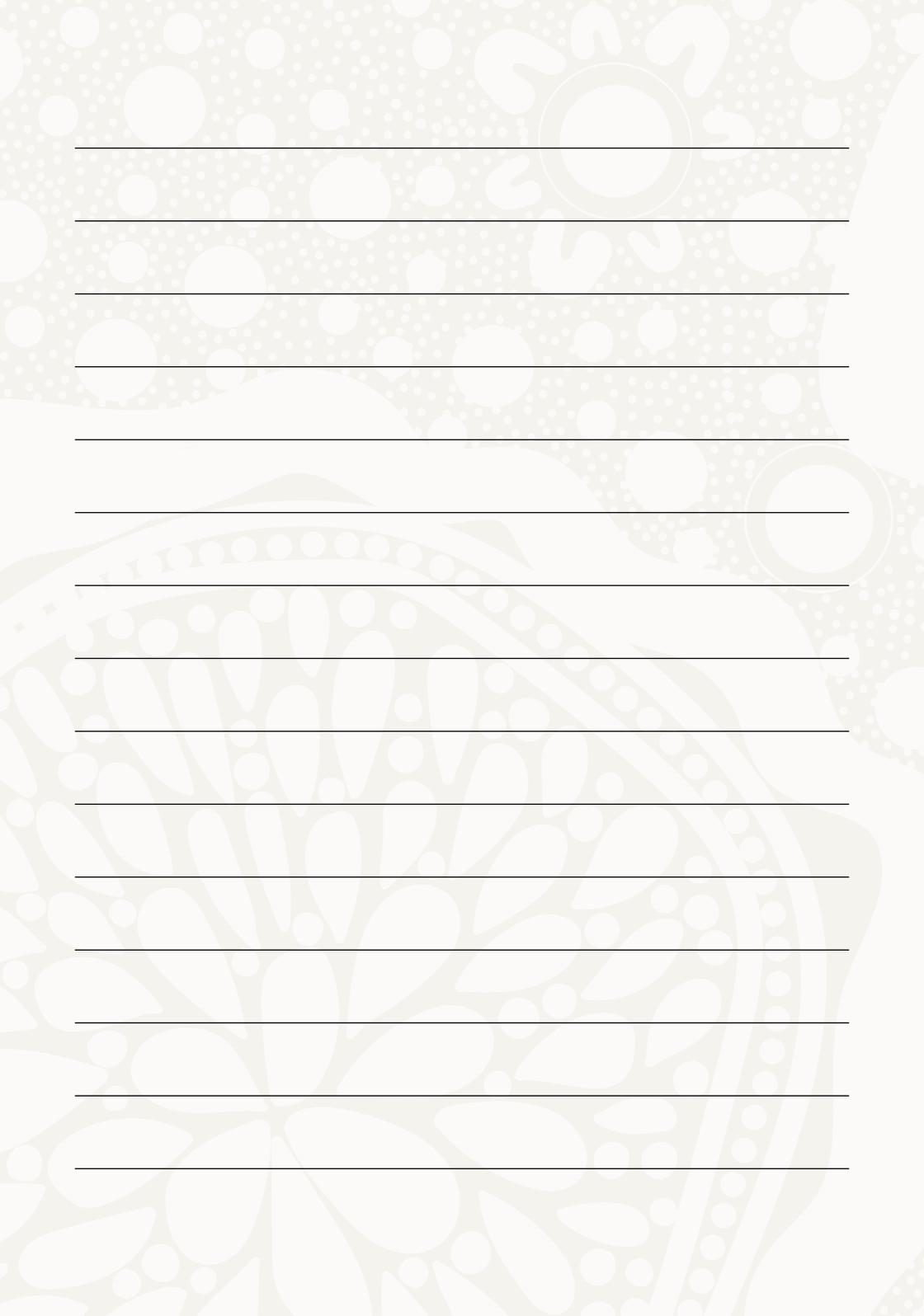
You might like to write a small note or letter for your loved ones. It could be something to share with them now or something for them to read later, on their own.

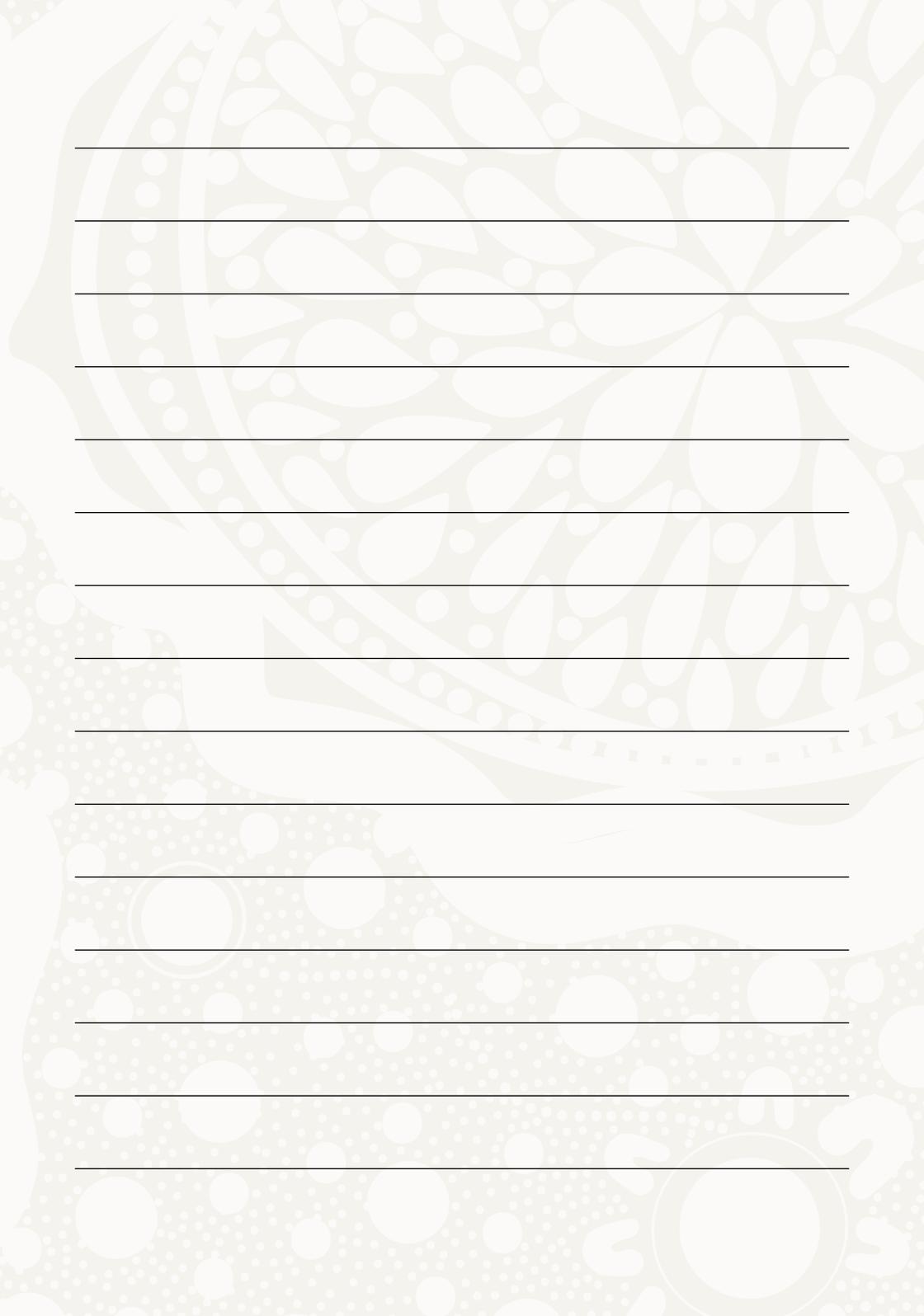


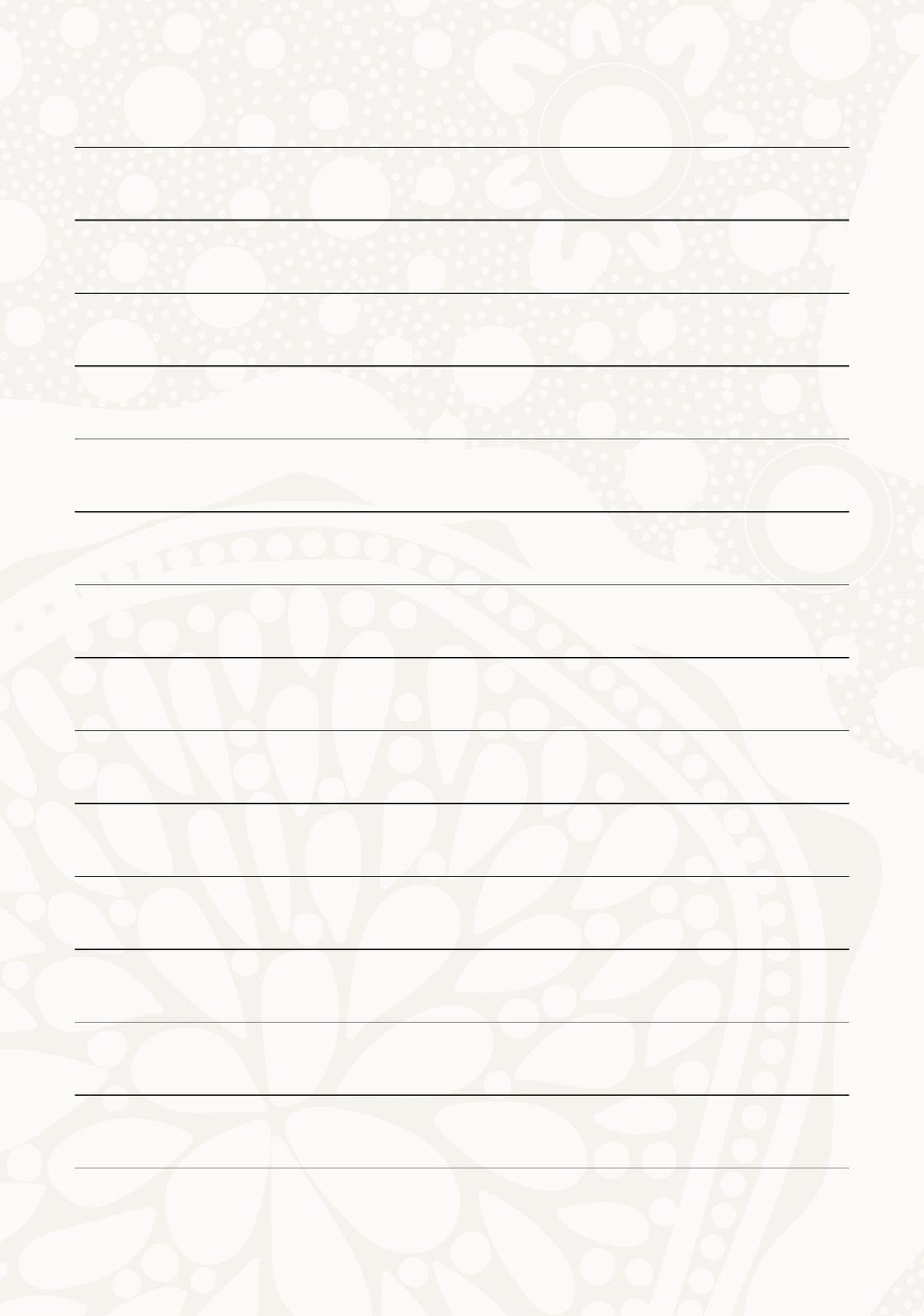


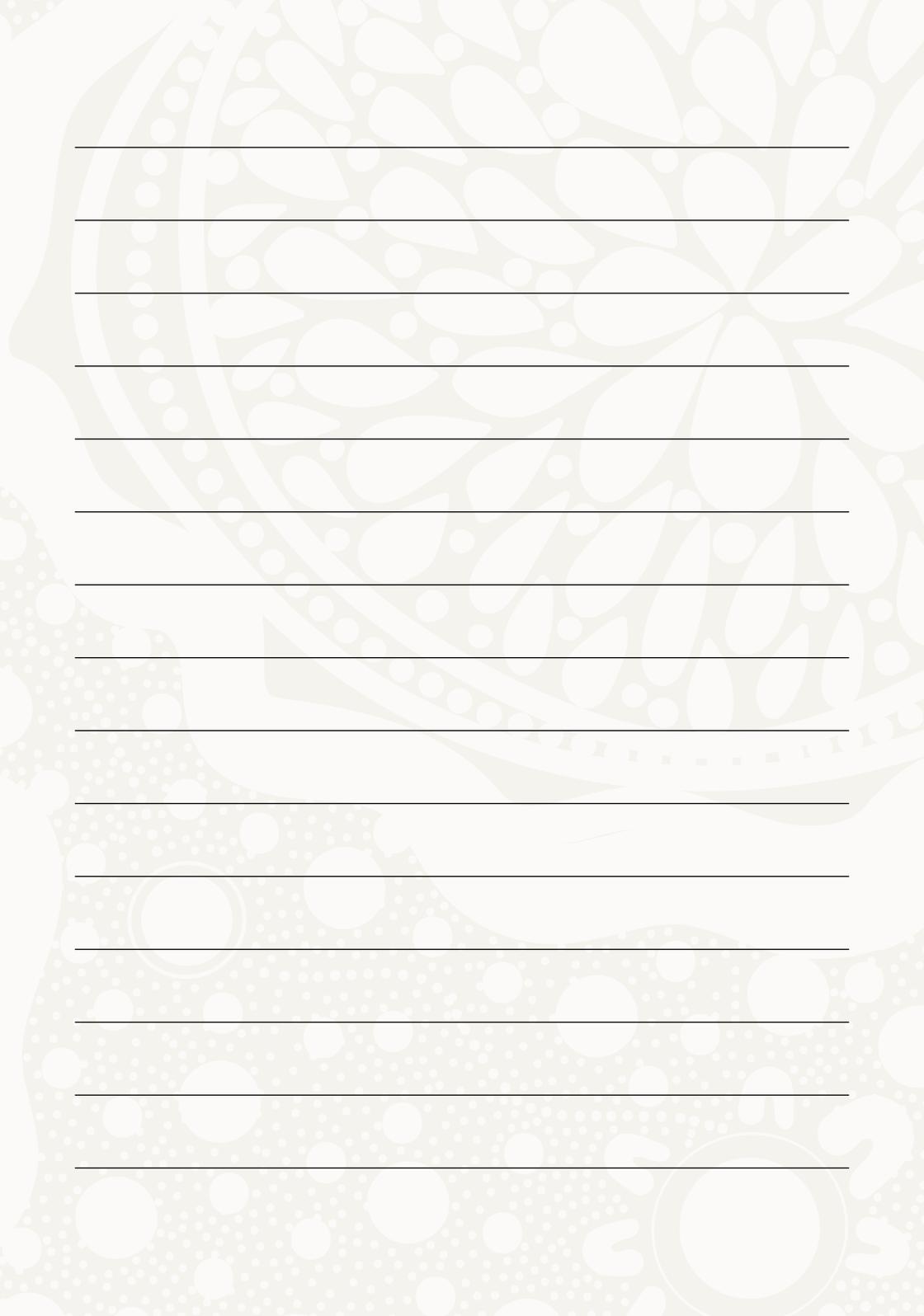


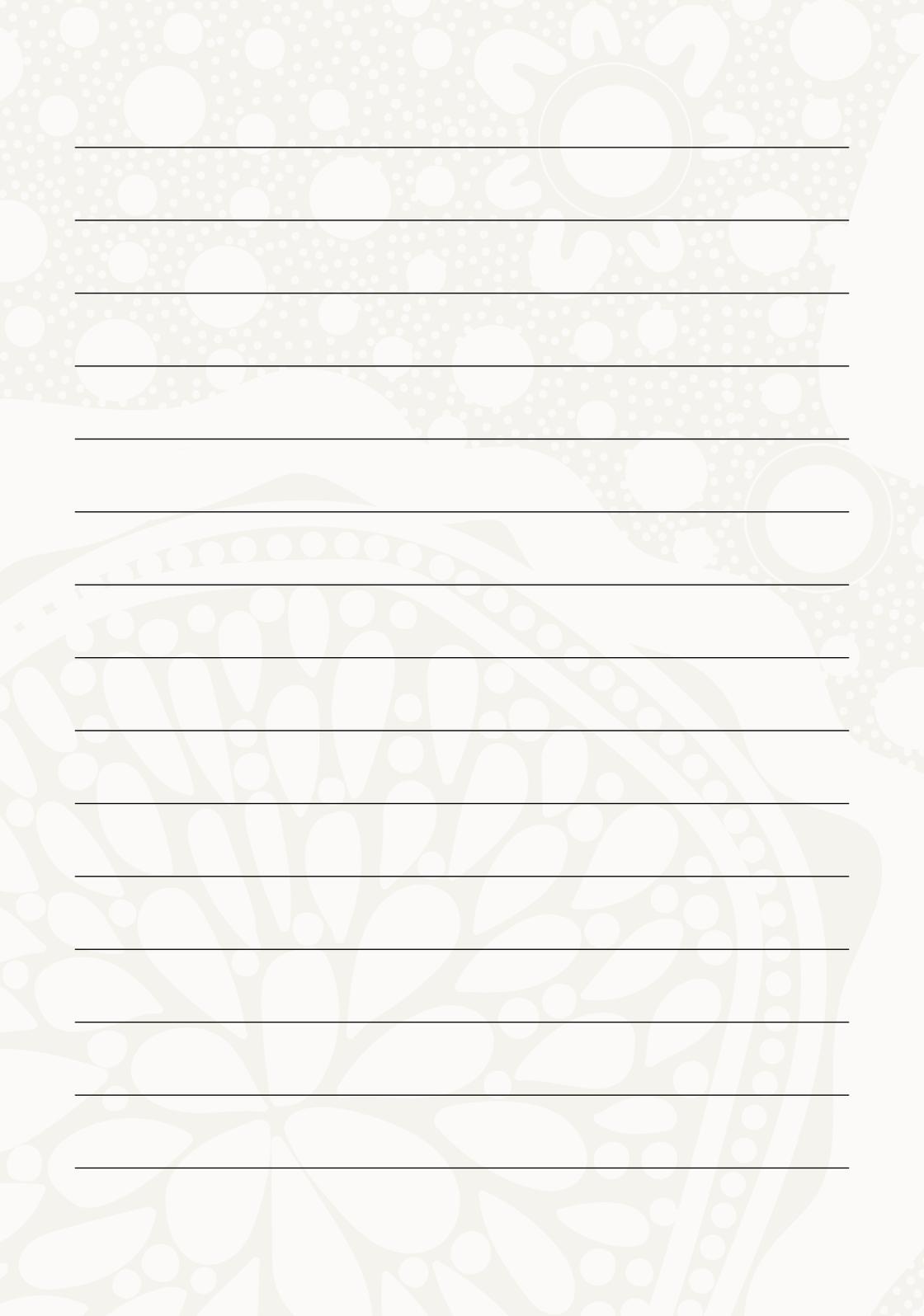


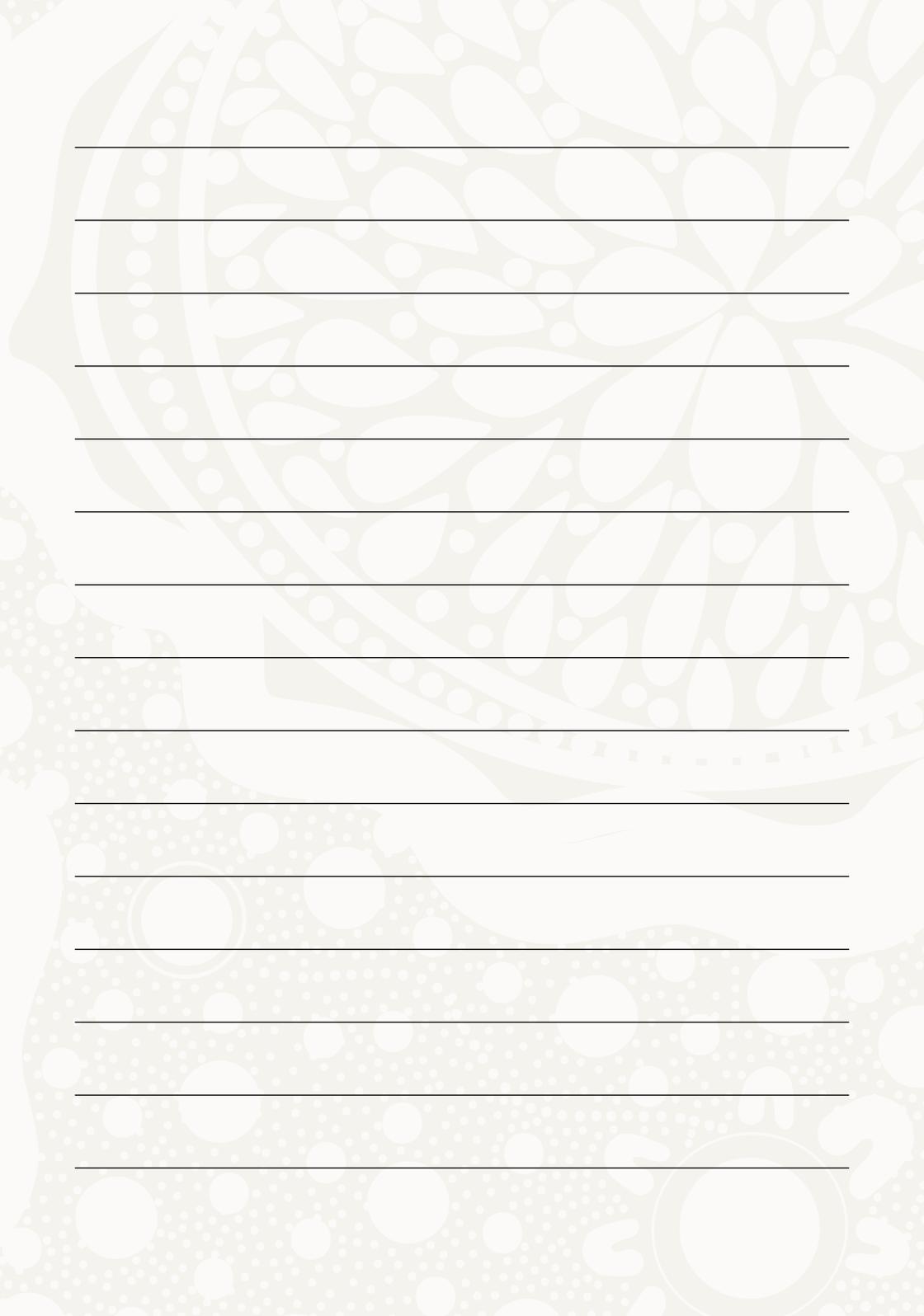












My wishes

Everyone has different wishes and requests for their journey to dreaming. It helps to spend time writing down your wishes or have a yarn with your family about what is important to you. This will reduce stress and bring comfort to your family and friends.

Personal

1. _____
2. _____
3. _____
4. _____

Spiritual

1. _____
2. _____
3. _____
4. _____

Religious

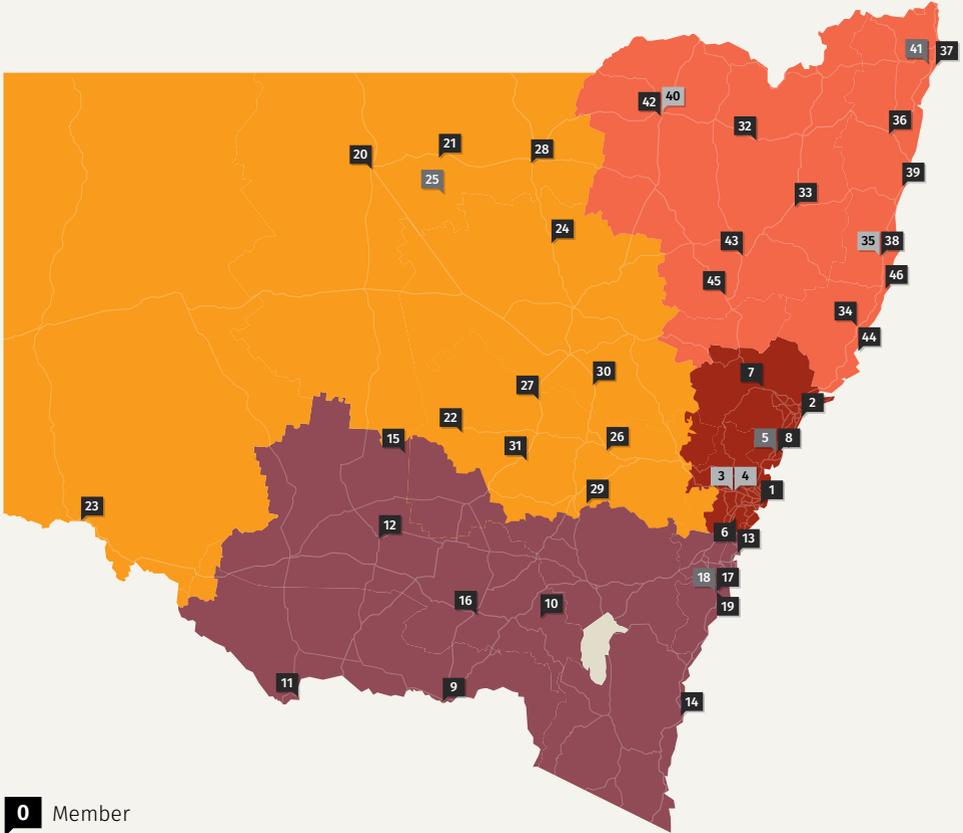
1. _____
2. _____
3. _____
4. _____

This beautiful artwork was created for Indigenous Program of Experience in the Palliative Approach (IPEPA) to illustrate the support network around you, your family and community and the safe environment where you can find the best level of holistic care possible.

To find out more about the work that IPEPA do, visit the IPEPA facebook page.



Aboriginal Community Controlled Health Organisations



- 0** Member
- 0** Associate Member
- 0** ADARRN: Aboriginal Drug and Alcohol Residential Rehab Network

Metropolitan Region

- 1** Aboriginal Medical Service Co-Operative Ltd Redfern
- 2** Awabakal Newcastle Aboriginal Co-Operative Ltd
- 3** Link-Up NSW
- 4** Marrin Weejali Aboriginal Corporation

- 5** The Glen Centre (Ngaimpe Aboriginal Corporation)
- 6** Tharawal Aboriginal Corporation
- 7** Ungoоро Aboriginal Corporation
- 8** Yerin Eleanor Duncan Aboriginal Health Centre

Southern Region

- 9 Albury Wodonga Aboriginal Health Service Inc.
- 10 Brungle Aboriginal Health Service
- 11 Cumeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic
- 12 Griffith Aboriginal Medical Service Inc.
- 13 Illawarra Aboriginal Medical Service Aboriginal Corporation
- 14 Katungul Aboriginal Corporation Regional Health & Community Services
- 15 Murrin Bridge Aboriginal Health Service Inc.
- 16 Riverina Medical & Dental Aboriginal Corporation
- 17 South Coast Medical Service Aboriginal Corporation
- 18 The Oolong Aboriginal Corporation
- 19 Waminda – South Coast Women’s Health & Welfare Aboriginal Corporation

Western Region

- 20 Bourke Aboriginal Health Service Ltd
- 21 Brewarrina Aboriginal Service Ltd
- 22 Condobolin Aboriginal Health Service Ltd
- 23 Coomealla Health Aboriginal Corporation
- 24 Coonamble Aboriginal Health Service Inc.
- 25 Dubbo Aboriginal Medical Service
- 26 Orana Haven Aboriginal Corporation
- 27 Orange Aboriginal Health Service Inc.

- 28 Peak Hill Aboriginal Medical Service Inc.
- 29 Walgett Aboriginal Medical Service Co-Operative Ltd
- 30 Weigelli Centre Aboriginal Corporation
- 31 Wellington Aboriginal Corporation Health
- 32 Yoorana-Gunya Family Healing Centre Aboriginal

Northern Region

- 33 Armajun Aboriginal Health Service Inc.
- 34 Armidale Aboriginal Health Service – Pat Dixon Medical Centre
- 35 Biripi Aboriginal Corporation Medical Centre
- 36 Booroongen Djugun Aboriginal Corporation
- 37 Bulgarr Ngaru Medical Aboriginal Corporation
- 38 Bullinah Aboriginal Health Service
- 39 Durri Aboriginal Corporation Medical Service
- 40 Galambila Aboriginal Health Service Inc.
- 41 Maayu Mali Residential Rehabilitation
- 42 Namatjira Haven Drug & Alcohol Healing Centre
- 43 Pius X Aboriginal Corporation
- 44 Tamworth Aboriginal Medical Service Inc.
- 45 Tobwabba Aboriginal Medical Service Inc.
- 46 Walhallow Aboriginal Health Corporation
- 47 Werin Aboriginal Corporation Medical Clinic

