



ADVANCE DIRECTIVE FOR MENTAL HEALTH

This is my Advance Directive, which I made in case I have a mental health crisis and am unable to participate in decisions about my care.

My Name:	
My Address:	
Name of Professional with whom this was discussed:	
Contact Address:	

Name(s) of a family member, friend or advocate who know and understand about this advance directive. They have given permission to be contacted and will speak for me in a crisis/dispute.

Contact Name:	
Contact Telephone No:	
Contact Name:	
Contact Telephone No:	

I can confirm that I am over 18 years of age and understand that this document remains effective until I make it clear that my wishes have changed.

Signed:

Print Name:

Date:

Independent Witness:	
Signed:	Address:
Print Name:
Date:



PSYCHIATRIC TREATMENT ADVANCE DIRECTIVE

Service User's Name:		Date:	
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I declare that my wishes are as follows:

My wishes regarding medication and treatment are as follows *(it is helpful to give reasons why)*:

When I was unwell before, the following worked well for me:

Things that have not worked well in the past are:

Needs that are special to me, which I would like those caring for me to know about (eg: diet, physical health, other):

Psychiatric Treatment Advance Directive cont...

Service User's Name:		Date:	
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Any other information I would like made known: