

Advance Statement

Part 1: Personal Information

Name		Prefer to be called	
NHS Number		Date of Birth	
Address			
Last updated			
Signed			

GP

Name		Phone Number	
Address			

Care Coordinator (if applicable)

Name		Phone Number	
Address			

Psychiatrist (if applicable)

Name		Phone Number	
Address			

Others involved in my care (eg therapist, support worker)

Name		Phone Number	
Relationship to me			
Name		Phone Number	
Relationship to me			

In case of emergency contact

Name		Phone Number	
Relationship to me			

DO NOT CONTACT

Name			
Relationship to me			
Name			
Relationship to me			

Part 2: About Me

People I live with

People who are important to me and I want to be involved in my care

Pets I have and what to do with them if I am unable to care for them

Lasting Power of Attorney (Mental Capacity Act)

Nearest Relative (Mental Health Act)

Other important information I want people to be aware of

Part 3: Care and Treatment in a Crisis

A crisis can happen when...
It results in...
I am likely to...

It is my wish that, in times of crisis or if my mental health worsens, that the information below is given full consideration before and during my treatment.

1. In the community (by my GP/or local mental health team)

My care and treatment preferences are:
What has worked well for me in the past:
Things that have NOT worked well for me in the past are:

2. If I am seen under the crisis team/home treatment

My care and treatment preferences are:

What has worked well for me in the past:

Things that have NOT worked well for me in the past are:

3. If I am admitted to hospital

My care and treatment preferences are:

What has worked well for me in the past:

Things that have NOT worked well for me in the past are: