**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:** |
|  |