# Advance Statement/Decision Form

**This is the** (mark as appropriate)

**Advance Statement  Advanced Decision**

**of:**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** | Click or tap to enter a date. |
| **NHS Number** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |

**If at any time in the future I experience a mental health crisis, I would want the following instructions to be followed (Advance Decision) and guide my care and treatment with the Advance Statements below**

**Signed:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Witnessed by** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**I have provided a copy of this document to the following people:**

|  |  |
| --- | --- |
| **GP** | Click or tap here to enter text. |
| **Partner / spouse/supporter** | Click or tap here to enter text. |
| **Family members** | Click or tap here to enter text. |
| **My Care co-ordinator** | Click or tap here to enter text. |
| **Humber Teaching NHS Foundation Trust Mental Health Legislation Dept** | |

**ADVANCE STATEMENT/ DECISION (delete as appropriate)**

|  |  |
| --- | --- |
| **NAME** | Click or tap here to enter text. |
| **NHS Number** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Date** | Click or tap to enter a date. |

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| It is very important to discuss Advance Decisions with your healthcare professional, which will usually be your care co-ordinator (especially if you intend to refuse treatment that would be life sustaining). He or she will be able to explain what types of treatment would be covered and in what circumstances, and the implications of refusing such treatments. |

*\*Boxes will expand when typed into*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Things that I would want to refuse in my care:** (Advance Decision)  Click or tap here to enter text. | | | | |
| **Things that I would definitely refuse being included in my care:** (Advance Decision)  Click or tap here to enter text. | | | | |
| **This is who I am; this is what I am like when I consider myself well.** E.g. What is my usual personality, my lifestyle, my relationships etc.?(Advance Statement)  Click or tap here to enter text. | | | | |
| **When I am not well these are the things that you will notice about the way I am:** e.g. What changes happen in my personality, my lifestyle, my relationships etc.? (Advance Statement)  Click or tap here to enter text. | | | | |
| **If I am not well I would like the following to happen, if possible:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **Things that have worked well in the past for me have been:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **Things that have not worked for me have included**: (Advance Statement)  Click or tap here to enter text. | | | | |
| **I would like the following people to be told immediately that I have been admitted to hospital:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **I would like the following person to be informed so as to assist me in representing my wishes at meetings that take place about my care:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **Other people to contact and tell them that I am not at home at the moment:**  e.g. work; voluntary work; groups you attend; delivery people etc. (Advance Statement)  Click or tap here to enter text. | | | | |
| **I would like the following people *not* to be told:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **I would like to be consulted before people are told how I am etc.** (Advance Statement) | | **Yes** | | **No** |
| **Needs that are special to me that I would like people providing my care to be aware of:** (Advance Statement)  **diet –** Click or tap here to enter text.  **physical health – (including ongoing conditions/ medications / allergies)**  Click or tap here to enter text.  **religion -**Click or tap here to enter text.  **disabilities –** Click or tap here to enter text.  **other -**Click or tap here to enter text. | | | | |
| **Children or dependents - I would like the following people to care for my children or dependent:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **When someone explains to my children what is happening, I would like them to be told the following:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **Pets: I would want the following people to look after your pets in the following way.** (Advance Statement)  Click or tap here to enter text. | | | | |
| **Security and my home**  **I would like the following person to make sure my home is secure:** (Advance Statement)  Click or tap here to enter text. | | | | |
| **I would like them to hold keys to my home:**  (Advance Statement) | **Yes** | | **No** | |
|  | | | | |
| **Other things I would like to be taken into consideration**  (Advance Statement)  Click or tap here to enter text. | | | | |