

'Mental Health Advance Choice Document'

This document provides brief details about myself, my illness, treatments which work/don't work and any other important issues which must be considered when I am unwell. I would like this document to be used by healthcare professionals if I become severely unwell, to help them understand my illness and help guide their healthcare decisions.

(Note on filling the form out: Please delete examples and guidance notes provided in the boxes if you would like. These are just examples to help guide you through the document)

Personal details			
Name			
Date of Birth			
Health Identification Number (e.g., NHS number) if known			
Home address			
Phone number			
Email address			
If I become severely unwell, please contact the following people:			
Relationship to me	Name	Contact details	Are you happy for information to be given to this person by your healthcare team?
<i>Family member/friend</i>			
<i>Mental health team</i>			
<i>GP or family doctor</i>			
<i>Other</i>			
Mental health issues/diagnoses / current treatments			
Give indication of main mental health problems and any medications etc. you are currently using.			

'Who I am' - Important information about me for those who will be looking after me:

Give a few brief details about the things which are most important for others to know about you. For example, you might include:

- Relationship status
- Dependents (e.g., children, adults, or pets that I care for)
- Religion/faith (if this is important to you)
- Gender/sexuality

Physical health issues/diagnoses

If applicable include pregnancy/recent childbirth in this section and include details of current treatment for physical health conditions.

More information about my medical history can be found:

Mental health records/ GP records/ Family member/friend

Details of other legal documents about my health

e.g. physical health advance statements/Advance Decisions to Refuse Treatment/Lasting Power of Attorney for Health and Welfare

Signs that I am becoming severely unwell and reasons why I need urgent treatment

Relapse indicators, risks of not getting urgent treatment

My preferences for treatment when severely unwell

Give details of medical treatments/doses or other types of care which have been most successful or unsuccessful in past episodes – try to be as specific as possible.

Alternative suggestions for treatment if your preferences are unavailable

Give suggestions of other treatments which have been helpful in the past or which might be helpful in future.

Preferences for treatment at home or in hospital

E.g. where you would prefer to be treated / anything you have found helpful/unhelpful during previous episodes of severe illness.

Care for others if I am severely unwell

Preferred alternative care arrangements and needs of children or other dependents / pets

My Signature

I confirm I am aged 18 or over and intend that this document remains valid until I make it clear that my wishes have changed.

Name	
Signature	
Date of signing	