**Advance Statement**

**Name:**

**Preferred Name**:

**Address:**

**Phone Number:**

**I am [/ AM NOT] willing for this document to be entered onto my medical records.**

**This document is also held** *[enter where you hold this form]*

**CARE AND TREATMENT**

**How you can help me when I am ill:**

**My preferences about medical treatment and concerns are:**

**In the past, the following has worked well for me:**

**In the past, the following has NOT worked well for me:**

**PERSONAL AND SOCIAL STATEMENT**

**If I become unwell or am admitted to hospital I WOULD like the following people to be informed:**

**If I become unwell or am admitted to hospital I WOULD NOT like the following people to be informed:**

**I would like to name the following person to act as an advocate for staff to consult with if I am unwell:**

**I care for the following people:**

**I would like the people I care for to be cared for in the following way(s):**

**My wishes about my pets are:**

**My wishes about my housing/ home care are:**

**My wishes about financial matters are:**

**My other wishes, not covered above, are:**

*[e.g. religious considerations, food preferences etc.]*

**Declaration**

**I,**  *[Your name and signature]*

**, declare that this document has been completed by me or by someone in accordance with my wishes.**

**Date:**

**In completing this advanced statement I have discussed this with:**

**Copies have been sent to:**

**If I become in capable of expressing my choices due to mental health problems, I want this document to be referred to as an expression of my choices.**

**It is my understanding that this document will be followed wherever possible and that if my choices are not followed that I will be provided with a valid explanation of why this happened.**