

Advance Statement

Name.....

Address.....

Email.....

Phone number.....

I am willing / NOT willing for this document to be entered onto the records of the Leeds and York Partnership NHS Foundation Trust.

List below who will hold a copy of this document or where else it can be found:

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.....

Care and Treatment

Prevention

a) The signs of me becoming ill are:

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b) How people can help me during this time:

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Care and Treatment

a) My preferences about medical treatment and concerns are:

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b) In the past, the following has worked well for me:

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.....

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

.....
.....

Personal and Social Statement

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

Name.....

Phone number(s)

Email address

Address

Name.....

Phone number(s)

Email address

Address

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

Name(s)

Relationship to me:

Name(s)

Relationship to me:

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

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4) My wishes about the people I care for are:

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5) My wishes about my pets are:

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6) My wishes about my housing / home care are:

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7) My wishes about financial matters are:

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8) My other wishes, not covered above, are:

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Declaration

I,, 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:

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.....

Copies have been sent to:

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If I become incapable 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.