



# Mental Health Advance Preferences Statement

*Mapping your preferences in advance*

What I would like to have happen?

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What I do not want to have happen?

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Who should be contacted if I am in crisis?

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# Mental Health Advance Preferences Statement

*Mapping your preferences in advance*

Who DO I wish to have included in my care?

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Who DON'T I wish to have included in my care?

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Management of personal affairs

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Preferences

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Other relevant information

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I give my consent to be contacted by researchers reviewing MAPs. I understand I will have the opportunity to further consent, at that time, to engage with the researchers.

Yes:  No:

Signature:

Today's date:

I agree to being on a register of people who have a MAP. If I present with an acute mental health crisis to EPS or an inpatient ward, the research team looking at how MAPs work in practice will be alerted and will check to see whether the treatment I receive is consistent with my preferences stated in the MAP.

Yes:  No:

Signature:

Today's date:

My name:

My current address:

Date of birth:

NHI number (if known):

Phone Number (mandatory):

Mental health team or clinician (if applicable):

This MAP is my document and reflects my personal preferences regarding my mental health care. I understand that these are my preferences, and in some circumstances, not all these preferences will be able to be acted on, but I want my clinical care team to understand that these are important to me.

Signature:

Today's date:

I have helped prepare this MAP and I believe this is a true reflection of their preferences.

Signature:

Name & relationship: