



Mental Health Advance Preferences Statement

Mapping your preferences in advance

What I would like to have happen?

What I do not want to have happen?

Who should be contacted if I am in crisis?



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Who DO I wish to have included in my care?

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

Management of personal affairs

Preferences

Other relevant information



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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