

ADVANCE STATEMENT

An advance statement allows you to record how you would like to be treated should you lose the capacity to tell staff yourself. To help you do this, this form contains sections about what works best for you, how you would like your property to be looked after and who you would like to be told that you are receiving treatment. Although an advance statement is not legally binding, staff will use it to understand your preferences and therefore be able to make decisions in keeping with your choices.

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| Name: | |
| Address: | |
| Tel: | |
| Date of Birth: | |
| Any Distinguishing Marks: | |

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| <p>My wishes regarding medication and treatment are as follows: (NB if you wish to refuse any treatment then please consider making an advance decision to refuse treatment. An advance decision to refuse treatment is legally binding with the exception of medication prescribed under the MHA (1983). (It is helpful to give reasons why)</p> |
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When I was receiving care before, the following worked well for me:

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Things that have NOT worked well in the past are:

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When I am WELL, the following helps me to remain stable:

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When I am UNWELL the following makes me feel SAFE:

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When I am UNWELL the following makes me feel UNSAFE:

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When I start getting unwell, the following happens:

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This is what I want other people to do if they notice I am starting to get unwell:

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These are some of the things that can make me feel unwell (risky situations, people, places, times of the year, etc):

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This is what I want to do to avoid those situations:

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This is what I want to do to manage those situations:

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Needs that are special to me, which I would like those caring for me to know about:

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| Diet: | |
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| Physical Health: | |
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| Religion: | |
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| Other: | |
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I would like the following people to be told immediately that I have been admitted to hospital:
(please include a phone number or email address if possible)

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I would not like the following people to be told:

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Children or Dependents: Complete this section if you have children or dependents at home and would like them to be cared for in a particular way:

a. I would like the following people to care for my children or dependents:

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b. this is how you can contact those helpers in an emergency

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c. the following information may help you arrange things: *(include contact names or numbers for schools and child minders, day care or other activities that may be involved)*

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| d. When someone explains where I am to my children, I would like them to be told the following: |
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| Pets: Complete this section if you have pets to be cared for: |
| a. I have the following pets: |
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| b. I would like the following people to look after my pets: |
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| c. People may need to know the following about my pets: |
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| Security and my home I would like my home to be made secure by: |
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| I would be happy for the following people to keep the keys to my home: <i>(staff will only give keys to someone on this list, or someone else with your permission)</i> |
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| Any other information I would like made known: (please continue on a separate sheet if necessary) |
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| Service User | |
| Print Name: | |
| Signature: | Date: |