

Advance Statement made under the Mental Health (Care And Treatment) (Scotland) Act 2003

Your Name: _____

Your Address: _____

If I _____ (your name) become unwell in the future and experience difficulty in expressing my views on my treatment, I would like the following views to be known.

1. I would like to receive the following treatment(s) (Please write down all your key thoughts about how you'd like to be treated if you become unwell. You might find it helpful to number your thoughts and please continue overleaf or on a blank page if necessary)

2. I would **not** like the following treatment(s) (Again, it may be helpful to number the treatment(s) you don't want and please continue overleaf or on an extra page if necessary)

3. Your signature: _____ Date: _____

4. Your witness should complete the following section.

I certify that in my opinion _____ (name of person making Advance Statement) is able to express their wishes as they have done so.

I hereby witness his/her signature:

Signature: _____ Date: _____

Full Name of witness: _____

Witness address: _____

Job of witness: _____

You should keep a list of the names of everyone who has a copy of this document.

Withdrawal of advance statement

Your Name: _____

Your Address: _____

I _____ (your name) wish to

withdraw my Advance Statement. This was signed and dated on

_____ (date) and witnessed by

_____ (witness name)

Your signature: _____ Date: _____

Your witness should complete the following section.

I certify that in my opinion _____ (name of

person withdrawing Advance Statement) is able to express his/her

wishes as above. I hereby witness his/her signature:

Witness Signature: _____

Date: _____

Full Name of witness: _____

Witness address: _____

Job of witness: _____

You should keep a list of the names of everyone who has a copy of this document.