

2. I would **not** like to receive the following treatments:
(It would be helpful to explain why, e.g. previous side effects)

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3. Signature: Date:

I certify that in my opinion has the capacity of properly intending the wishes set out above. (note you are certifying capacity not agreeing with the person's wishes).

Witness signature: Date:

Full name of witness:

Address of witness:

Occupation/category which enables the witness to act as a 'prescribed person'

Those who can witness an Advance Statement are: a clinical psychologist entered on the British Psychological Society's register of chartered psychologists, a medical practitioner, an occupational therapist registered with the Health Professions Council, a person employed in the provision of (or in managing the provision of) a care service, a registered nurse, a social worker and a solicitor.

What to do with your advance statement

You should send a copy to your local hospital medical records department so that your statement can go in your records. The person witnessing your statement may be able to help with this.

You should also give a copy to any professional involved in your care and treatment, for example your psychiatrist, community psychiatric nurse, mental health officer or general practitioner. Your independent advocate, lawyer and named person may want to have a copy too.