

Template for Advanced Statement

This is a template that has been prepared by Independent Mental Health Advocacy (IMHA) to support you if you wish to prepare an advanced statement.

You do not need to use this template and can adapt it to reflect your own individual situation.

An advance statement is an opportunity for you to set out your treatment preferences if you are placed under compulsory treatment.

Please refer to the IMHA Guide to Advanced Statements on our website www.imha.vic.gov.au or contact us on 1300 947 820 for further information.

Advanced statement

Your name: _____

Date: _____

Contact number: _____

Contacts

This is the place to list any person(s) you want contacted if you are placed under compulsory treatment. This can include a nominated person, carer, friend, advocate, legal representative or mental health service provider.

Name: <i>Relationship:</i>	Address: Contact No:
Name <i>Relationship</i>	Address: Contact No:
Name 3 <i>Relationship</i>	Address: Contact No:
Name 4 <i>Relationship</i>	Address: Contact No:

- ☐ You can also request an Independent Mental Health Advocate or Lawyer. Tick this box if you would like their details and the opportunity to contact them directly.

My mental health

If you identify as having a mental illness, mental health issues or emotional distress, you may wish to list them here in your own words. If you don't identify as having a mental health issue, you may wish to explain some common life challenges that affect you. This gives you the opportunity to define your experience and knowledge in your own terms.

My treatment preferences and why

Here you may wish to outline what kind of treatment you would and would not want. Giving reasons for each point will assist people to understand your preferences and what has worked and not worked for you.

Other information

Here you may wish to put other information that is important, but doesn't fit the description of "treatment". Please see the IMHA Advance Statements Guide for further information.

Name: _____

Signature: _____

Date: _____

Witness Declaration

A medical practitioner, (medical doctor or psychiatrist), mental health practitioner (registered psychologist, registered nurse, social worker, or registered occupational therapist), or a person who is authorized to sign a statutory declaration needs to be satisfied and willing to sign the following declaration.

“In my opinion, the person making this Advance Statement understands what an Advance Statement is and the consequences of making the statement and I have observed the above named person signing the Advance Statement”

Witness Name: _____

Practitioner Type: _____

Date: _____