

Advance Directive for Mental Health Crisis

Personal Information

Name

Date of Birth

Address

Phone Number

Email

Emergency Contacts

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Healthcare Agent or Proxy

Name

Relationship

Phone Number

Preferred Hospital or Facility

Name

Address

Phone Number

Treatment Preferences

Medications I Agree To

Medications I Refuse

Other Treatments I Agree To

Other Treatments I Refuse

Allergies & Medical Conditions

Allergies

Medical Conditions

Crisis Triggers & Early Warning Signs

Crisis Triggers

Early Warning Signs

Actions That Help

Actions That Do Not Help

Additional Instructions

Signature

Signature

Date