ADVANCE STATEMENT

MADE UNDER THE MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

Name of person making this statement: ……

Address of person making this statement:……

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I, ……. wish the following to be taken into account, in the event of decisions about my care and treatment being made under the Mental Health (Care and Treatment) (Scotland) Act 2003, if I am unable to express my views about this at the time.

I would like to receive the following treatments:

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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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SIGNATURE …… DATE ……

Witness Certificate:

I certify that in my opinion …….. has the capacity of properly intending the wishes set out above.

I hereby witness his/her signature.

SIGNATURE…… DATE ……

Full name of witness ……..

Address of witness……

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Designation of witness: ……...

(Occupation/category which enables the witness to act as a prescribed person):

Those who can witness an Advance Statement are: 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.

List of people who you would like to receive a copy:

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