

# My Advance Statement of Preferences (ASP)

## Information about me

Name:

D.O.B:

Pronouns:

Phone:

Address:

Do you identify as Aboriginal  
and/or Torres Strait Islander?:

Is this your first ASP:

## My story / My mental health

## Information about my support person

Name:

Phone:

Relationship:

Would you like them to be  
contacted: Yes/No

## My treatment preferences and why

## What helps me communicate?

## My care and support needs

## My signature

Name:

Signature:

Date:

## My witness

*In my opinion, the person making this Advance Statement of Preferences understands:*

- *what an Advance Statement of Preferences is,*
- *how this statement will be used,*
- *and how to revoke (cancel) it.*

*In my opinion they appear to make this Advance Statement of Preferences of their own free will. I have observed the person signing the statement.*

Witness name:

Witness signature:

