

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 D.O.B:

Witness signature:

