

Receipt of an Advance Statement or a Document Withdrawing an Advance Statement

ADV1

Instructions

The following form is to be used:

to inform the Mental Welfare Commission when a Health Board receives a copy of an advance statement or a copy of a document withdrawing an advance statement.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->



Not like this ->



Patient Details

CHI Number

--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name (s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other / Known As

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

--	--	--	--	--	--	--	--	--	--	--

DoB

dd / mm / yyyy

		/			/			
--	--	---	--	--	---	--	--	--

Gender Male

Female

Patient's Home address

Postcode

--	--	--	--	--	--	--

Statement/ Document Details

Health Board

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The Health Board has received a copy of (complete either or both as appropriate)

an **advance statement**

a document **withdrawing** an advance statement

Date of advance statement

		/			/			
--	--	---	--	--	---	--	--	--

Date of withdrawn advance statement

		/			/			
--	--	---	--	--	---	--	--	--

Date person signed withdrawal

		/			/			
--	--	---	--	--	---	--	--	--

A copy of the statement / document is held with the person's medical records

Full address of the premises at which the person's medical records are kept.

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Signature / Date

Hospital managers will send a copy of this form to the Mental Welfare Commission to fulfill their duty under section 267A(2)(b) of the Act

Completed by

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Job Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signed

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Date

		/			/			
--	--	---	--	--	---	--	--	--

