



My Mental-Health Advance Directive

Written by you, on a good day, so the people caring for you on a hard one can follow your plan. This is a plain-language template — fill in what fits, skip what doesn't. Keep a copy somewhere a trusted person can reach it.

If you are in crisis right now, this form is not the place to start — call or text 988 (Suicide & Crisis Lifeline, US) or go to your nearest emergency room.

About me

Name _____

Date written _____

Diagnosis / condition (optional) _____

Medications & treatment

You are the expert here. What has actually helped, and what to avoid.

What helps

What to avoid / made it worse

Allergies / bad reactions _____

My people

Call first _____

Also inform _____

Please do NOT involve _____

Early warning signs

What a relapse looks like for me, in my words — so people catch it early.

Care preferences

How I want to be treated and spoken to. Home vs. hospital where there's a choice.

What calms me _____

What makes it worse _____

My trusted contact

The person who can hand this document to the team when I can't.

Name _____

Relationship _____

Phone _____

Where a copy of this document is kept _____

Signature

Signed _____ Date _____

Witness (optional) _____ Date _____

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