

# CHECKLIST OF INSTRUCTIONS INCLUDED IN MY MENTAL HEALTH ADVANCE DIRECTIVE

*Put a check (✓) mark on the choices you made in your document.*

## Section I

- \_\_\_\_\_ Medications for mental health treatment [*Page 2*]
- \_\_\_\_\_ Electroconvulsive Therapy (ECT) [*Page 3*]
- \_\_\_\_\_ Transcranial Magnetic Stimulation (TMS) [*Page 4*]
- \_\_\_\_\_ Other forms of mental health treatment [*Page 4*]
- \_\_\_\_\_ Choice of hospital, program and treating professional(s) [*Page 5*]
- \_\_\_\_\_ Experimental studies or drug trials [*Page 6*]
- \_\_\_\_\_ Notification of hospitalization; visitors; and release of information [*Pages 6,7*]
- \_\_\_\_\_ Approaches that help me during difficult times [*Page 7*]
- \_\_\_\_\_ Special considerations regarding touch/body space [*Page 8*]
- \_\_\_\_\_ Additional choices regarding mental health treatment [*Page 8*]
- \_\_\_\_\_ Other co-occurring conditions [*Page 8*]

## Section II

- \_\_\_\_\_ Appointment of my health care agent [*Page 8*]
- \_\_\_\_\_ Appointment of an alternative health care agent [*Page 9*]
- \_\_\_\_\_ Instructions to my agent [*Page 9*]

## Section III

- \_\_\_\_\_ Instructions on Canceling my Advance Directive during periods of incapacity [*Page 10*]