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]