

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*]