

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

ADV<sub>1</sub>

Instructions v7.1

## The following form is to be used:

to inform the Mental Welfare Commision when a Health Board or an independent hospital 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 Shade circles like this -> For example **BLOCK CAPITALS** Not like this -> and in BLACK or BLUE ink 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. Gender Title O Male O Female O Prefers not to say O Not listed DoB If not listed, please specify dd / mm / yyyy Patient's Home address Postcode << Please enter NF1 1AB if no fixed abode Statement / Document Details Full address of the Health Board or independent We have received a copy of (complete either or both as appropriate) hospital at which the person's medical records are kept. O a document withdrawing an O an advance statement advance statement Date of advance statement Date of withdrawn advance statement Date person signed withdrawal A copy of the statement / document is held with the person's medical records Health Board if you are an independent hospital, please send a copy of the statement / document to the patient's home Health Board and enter that in the box above, if you are a Health Board and you receive a statement / document from an independent hospital, please remember to inform the Commission using the ADV1 form. Signature / Date Hospital managers will send a copy of this form to the Mental Welfare Commission Completed by Job Title Signed



Date

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