Psychiatric Advance Directive™

My Plan • My Voice

Be prepared and make sure your voice is heard if you have a behavioral health crisis.

A **Psychiatric Advance Directive (PAD)** lets you document specific instructions or preferences regarding treatment in case of a future behavioral health crisis (mental health and/or substance use), in case you are unable to make decisions for yourself. You can learn more about the benefits of PADs at **www.myplanmyvoice.com**.

Using This Form

All questions and sections are optional. This is **your personal planning tool** to help you think through what you would like others to know about how to support you. You may choose to share it with first responders, healthcare providers, and your preferred contacts.

Look for the arrows that identify key sections that might aid first responders.

Once completed and signed by you and two witnesses, this form becomes a **legal document.**

What to Gather Before Filling Out a PAD

You may find it helpful to have some of the following information available before you begin:

- Current medications and notes about what has or has not worked well in the past
- Relevant medical documents
- Names of preferred hospitals, clinics, or providers (including any you wish to avoid)
- Contact information for people who support you
- Email addresses and phone numbers
- Legal identification, such as a driver's license or state ID
- Optional: a photo of yourself to attach to the completed PAD

New: Digital Psychiatric Advance Directives Available

A secure online tool to create and store PADs is available for residents of participating pilot counties in California. Visit **www.MyPlanMyVoice.com** to learn more.

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Contents

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My Crisis Directives

A. About Me

1. **What's your legal name?** _____

2. **What's your date of birth?** _____ 3. **What's your phone number?** _____

4. **How do you identify your gender?**

☐ Female ☐ Male ☐ Non-binary ☐ Transgender ☐ Other _____

Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other _____

5. **Which of the following best describes how you identify?**

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern or North African (MENA)
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Other _____

6. **Describe your unique physical features.**

_____

7. **What's your current housing situation?**

☐ I have a home address ☐ I don't have a home address

8. **What's your home address?** _____

9. **If you don't have a home address:**

What's your current location? _____

Where are you likely to be during the day? _____

Where do you rest at night? _____

10. **Are you a veteran?** ☐ Yes ☐ No

11. **What would you like others to know about you (background, interests)?**

_____

12. **Do you have a Preferred Contact?** ☐ Yes ☐ No *If yes, see page 7.*

13. **Do you have any dependents?** ☐ Yes ☐ No *If yes, see page 9.*

14. **Do you have any pets?** ☐ Yes ☐ No *If yes, see page 10.*

B. Essential Crisis Details

1. Have you been diagnosed with any mental health conditions? Check all that apply.

- ☐ Attention-deficit/hyperactivity disorder (ADHD)
- ☐ Bipolar disorder
- ☐ Dissociative disorder
- ☐ Obsessive-compulsive disorder
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Schizoaffective disorder
- ☐ Other _____
- ☐ Borderline personality disorder
- ☐ Depression
- ☐ Generalized anxiety disorder
- ☐ Panic disorder
- ☐ Social anxiety disorder
- ☐ Schizophrenia

2. Have you been diagnosed with intellectual or developmental conditions? Check all that apply.

- ☐ Alzheimer's disease
- ☐ Brain tumor
- ☐ Dementia
- ☐ Fetal alcohol spectrum disorders (FASD)
- ☐ Intellectual disability
- ☐ Prader-Willi syndrome
- ☐ Traumatic brain injury (TBI)
- ☐ Autism spectrum disorder (ASD)
- ☐ Cerebral palsy
- ☐ Down syndrome
- ☐ Fragile X syndrome
- ☐ Pervasive developmental disorders (PDD)
- ☐ Rett syndrome
- ☐ Other _____

3. Do you have a history of suicidal thoughts or ideation during a crisis?

☐ Yes ☐ No

4. How can others support you if you're struggling with suicidal thoughts?

5. Do you have any emergency medical conditions?

- ☐ Autoimmune disorders (e.g. Lupus, Rheumatoid arthritis, etc.)
- ☐ Cardiovascular (e.g., Heart Disease, Arrhythmias, etc.)
- ☐ Cerebral palsy
- ☐ Chronic pain (e.g., Fibromyalgia, Chronic Fatigue Syndrome, etc.)
- ☐ Diabetes (e.g., Type 1, Type 2, Hypoglycemia, etc.)
- ☐ Epilepsy (e.g. Seizure Disorders)
- ☐ Hemophilia
- ☐ High Blood Pressure
- ☐ Neurological (e.g., Parkinson's, Multiple sclerosis, Alzheimer's, Dementia, etc.)
- ☐ Respiratory (e.g., Asthma, Chronic Obstructive Pulmonary Disease, etc.)
- ☐ Other _____

6. List any severe allergies (e.g., anaphylaxis-triggering allergies to food or insects, or allergies to medications).

7. Do you use any assistive medical devices or equipment?

- ☐ Cane
- ☐ Colostomy Bag
- ☐ Crutches
- ☐ Hearing Aids
- ☐ Orthopedic Braces (e.g., for legs, knees, wrists)
- ☐ Oxygen
- ☐ Pacemaker
- ☐ Prosthetics
- ☐ Scooter
- ☐ Walker
- ☐ Wheelchair
- ☐ White Cane
- ☐ Other _____

8. Do you have a history of substance use? ☐ Yes ☐ No

9. Which substances do you use or have you used in the past?

- ☐ Alcohol
- ☐ Cocaine
- ☐ Cigarettes
- ☐ Hallucinogens (MDMA, Molly, Ecstacy, LSD, shrooms, etc.)
- ☐ Inhalants (nitrous oxide, paint thinner)
- ☐ Marijuana (cannabis, weed)
- ☐ Meth (methamphetamine, crystal)
- ☐ Opioids (fentanyl, Heroin, pain meds, Oxy, Odycodone, Percocet, etc.)
- ☐ Stimulants (Adderall, Ritalin)
- ☐ Tranquilizers and sedatives (Xanax, Valium, benzos)
- ☐ Vaping
- ☐ Other _____

C. How to Communicate with Me

1. Which language do you prefer for communication?

- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Chinese
- ☐ English
- ☐ Farsi
- ☐ Hindi
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mien
- ☐ Punjabi
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Thai
- ☐ Vietnamese
- ☐ Other _____

2. What hearing, visual, and/or physical disabilities do you have?

- ☐ I'm deaf/hard of hearing
- ☐ I'm blind/have low vision
- ☐ I have mobility/physical disabilities
- ☐ Other _____

3. Are you unable to speak or find it difficult to respond at times? ☐ Yes ☐ No

4. Select any assistive communication devices or methods you use to communicate.

Communication Devices:

- ☐ Augmentative and alternative communication (ACC) devices
- ☐ Communication boards
- ☐ Eye-gaze systems
- ☐ Head-tracking systems
- ☐ Other _____

Communication methods:

- ☐ Braille
- ☐ Picture exchange systems (PECS)
- ☐ Sign language
- ☐ Speech-to-text software
- ☐ Other _____

5. Anything else you'd like to share to help others communicate with you?

6. What kinds of things can make communication challenging for you?

7. Which behaviors or symptoms do you experience during a crisis?

- ☐ Aggression (verbal or physical)
- ☐ Agitation (restlessness, pacing)
- ☐ Anxiety (excessive worry, nervousness)
- ☐ Catatonia (lack of movement or response)
- ☐ Crying or tearfulness
- ☐ Delusions (false beliefs)
- ☐ Depression (low mood, lethargy)
- ☐ Disorganized thinking or behavior
- ☐ Inability to concentrate or make decisions
- ☐ Incoherent speech or thoughts
- ☐ Mania (elevated mood, high energy)
- ☐ Memory loss
- ☐ Mood swings
- ☐ Paranoia (excessive mistrust or suspicion)
- ☐ Suicidal thoughts or ideation
- ☐ Tremors or physical agitation
- ☐ Disorientation (confusions about time, place or identity)
- ☐ Hallucinations (seeing or hearing things that aren't there)
- ☐ Hyperactivity (moving constantly, excessive fidgeting, tapping, or talking)
- ☐ Self-harm behaviors (e.g., cutting, burning, etc.)
- ☐ Withdrawal (avoiding social interaction)
- ☐ Other _____

8. Share some ways to help you feel calmer in a crisis situation

9. Tell us the things others should avoid when you're in a crisis situation

10. Is law enforcement's presence a significant stressor for you? ☐ Yes ☐ No

11. If restraints are needed to transport you, which type should be used?

- ☐ Use handcuffs in the front of my body
- ☐ Use handcuffs in the back of my body
- ☐ Use zipties in the front of my body
- ☐ Use zipties in the back of my body

12. Anything else that's important to share with first responders when you're in a crisis?

D. My Support System

1. If you would like to assign a Preferred Contact, add their information:

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

2. Tell us who else is important to notify if you're in crisis:

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

3. If you are currently under a conservatorship, who is assigned as your conservator?

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

4. If you have a power of attorney, add their information:

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

5. Who in your professional care team do you want notified during a crisis?

Examples of relationships: Case Manager, Peer Advocate/Specialist, Primary Care Physician, Psychiatrist, Social Worker, Therapist

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

6. Is there anyone you do NOT want notified or involved in your crisis situation?

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

7. Should you pass away as a result of a mental health crisis, who is your next of kin?

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

E. My Dependents and Pets

1. If you have dependents or other people you take care of, add their information

Age ranges: Infant (0-2), Child (3-12), Teen (13-17), Adult (18+)
Examples of relationships: Child, Former partner, Friend, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME	AGE RANGE	RELATIONSHIP TO YOU
NAME	AGE RANGE	RELATIONSHIP TO YOU
NAME	AGE RANGE	RELATIONSHIP TO YOU
NAME	AGE RANGE	RELATIONSHIP TO YOU

2. Who will care for your dependents during a crisis?

Examples of relationships: Child, Former partner, Friend, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME	PHONE NUMBER
EMAIL	RELATIONSHIP TO YOU
NAME	PHONE NUMBER
EMAIL	RELATIONSHIP TO YOU

3. Add care instructions for your dependents:

Think about your dependents' daily routines, medical care, and activities. This can help guide care for your dependents when you're in a crisis or away. What should the caregiver tell your dependents if you're hospitalized or incarcerated?

4. Is there anyone you do NOT want caring for your dependents?

Examples of relationships: Parent, Spouse, Partner, Former partner, sibling, Child, Other family member, Friend, Neighbor, Roommate, Co-worker, Guardian, Other

NAME | PHONE NUMBER

EMAIL | RELATIONSHIP TO YOU

REASON THEY SHOULD NOT CARE FOR YOUR DEPENDENT

NAME | PHONE NUMBER

EMAIL | RELATIONSHIP TO YOU

REASON THEY SHOULD NOT CARE FOR YOUR DEPENDENT

5. List any pets and their information. Include type of pet and color.

6. Who will provide care for your pet(s)?

NAME | PHONE NUMBER

EMAIL | RELATIONSHIP TO YOU

NAME | PHONE NUMBER

EMAIL | RELATIONSHIP TO YOU

7. Add care instructions for your pet(s)

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My Treatment Directives

F. Psychiatric Treatment Preferences

1. **What's your preferred medical hospital for care?**

_____

2. **What's your preferred psychiatric hospital?**

_____

3. **What's your preferred non-hospital treatment facility?**

_____

4. **What other treatment facilities do you prefer?**

_____

5. **Which facilities would you prefer to NOT be admitted to?**

_____

6. **Which emergency interventions (if any) have been helpful in the past?**

- ☐ Medication (Injection)
- ☐ Medication (Liquid)
- ☐ Medication (Pill)
- ☐ Physical Restraints
- ☐ Seclusion
- ☐ Other _____

7. **Which emergency interventions (if any) have worsened a crisis in the past?**

- ☐ Medication (Injection)
- ☐ Medication (Liquid)
- ☐ Medication (Pill)
- ☐ Physical Restraints
- ☐ Seclusion
- ☐ Other _____

8. **Select your preferred supportive wellness tools:**

- ☐ Breathing Exercises
- ☐ Diet/nutrition
- ☐ Exercise
- ☐ Journaling
- ☐ Mindfulness and meditation
- ☐ Nature/outdoor activities
- ☐ Positive Affirmations
- ☐ Sleep Hygiene
- ☐ Social connection
- ☐ Spiritual/religious practice
- ☐ Creative activities (like art, music, crafts, etc.)
- ☐ Other _____

9. Select your preferred alternative mental health treatments

- ☐ Accupuncture
- ☐ Aromatherapy
- ☐ Biofeedback
- ☐ General support groups
- ☐ Light therapy
- ☐ Music therapy
- ☐ Other _____
- ☐ Animal/pet Therapy
- ☐ Art therapy
- ☐ Counseling/therapy
- ☐ Herbal/dietary Supplements
- ☐ Mental health apps
- ☐ Peer support groups

10. What personal items would you like with you if you're hospitalized?

_____

11. Who would you like notified if you're admitted to a psychiatric hospital?

Examples of relationships: Child, Co-worker, Former partner, Friend, Guardian, Neighbor, Parent, Partner, Roommate, Sibling, Spouse, Other family member, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

12. Who do you want contacted if you're hospitalized or incarcerated?

Examples of relationships: Attorney, Employer, Landlord, Parole officer, Probation officer, School

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

G. Medications and Preferences

1. List medications you're currently taking:

How Administered examples: Injection, Oral, Topical, Other

MEDICATION NAME	PRESCRIBER	WITH FOOD?	HOW ADMINISTERED?

2. List any medication(s) you've previously taken that helped stabilize you during a crisis

Examples of form: Capsule, Injectable, Liquid, Pill; Examples of types: Over the counter, Prescription, Recreational

MEDICATION NAME	FORM	TYPE

3. If you currently take birth control, what type of birth control do you take?

MEDICATION NAME	FORM	TYPE

4. What medication are you taking (if any) that may have negative reactions when combined with other medication?

MEDICATION NAME	FORM	TYPE

5. Tell us any concerns you have when it comes to choosing and taking medications

6. Medications I do NOT consent to taking

Examples of form: Capsule, Injectable, Liquid, Pill; Examples of types: Over the counter, Prescription, Recreational

MEDICATION NAME | FORM | TYPE

REASON FOR REFUSAL OF MEDICATION

MEDICATION NAME | FORM | TYPE

REASON FOR REFUSAL OF MEDICATION

MEDICATION NAME | FORM | TYPE

REASON FOR REFUSAL OF MEDICATION

MEDICATION NAME | FORM | TYPE

REASON FOR REFUSAL OF MEDICATION

7. Which over-the-counter medications do you take regularly?

- ☐ Allergy medications (zyrtec or cetrizine, claritin or loratadine, allegra or fexofenadine)
- ☐ Fiber (metamucil or psyllium)
- ☐ Heartburn / Gastroesophageal reflux (GERD) / antacid (rolaids/tums or calcium carbonate, H2 blockers or pepcid, famotidine)
- ☐ Laxatives / constipation relief / stool softner (senokot or bisacodyl, doculax or docusate sodium, miralax or polyethalyene)
- ☐ Non-aspirin pain reliever (tylenol or acetominophen)
- ☐ NSAID (aspirin, ibuprofen, naproxen)
- ☐ Other _____

8. Which supplements do you take regularly?

- ☐ Calcium
- ☐ Coenzyme Q10 (CoQ10)
- ☐ Echinacea
- ☐ Garlic
- ☐ Ginkgo Biloba
- ☐ Ginseng
- ☐ Glucosamine Chondroitin
- ☐ Green tea extract
- ☐ Iron
- ☐ Magnesium
- ☐ Melatonin
- ☐ Multivitamins
- ☐ Omega-3 fatty acids
- ☐ Probiotics
- ☐ Saw palmetto
- ☐ Turmeric/Curcumin
- ☐ Vitamin B (e.g., B12, B6, Folate)
- ☐ Vitamin C
- ☐ Vitamin D
- ☐ Zinc
- ☐ Protein supplements (shakes, drinks, etc.)
- ☐ Other _____

H. My Treatment Accommodations

1. What dietary restrictions or needs do you have?

- ☐ Dairy-free
- ☐ Egg-free
- ☐ FODMAP
- ☐ Gluten-free
- ☐ Halal
- ☐ Kosher
- ☐ Low-carb
- ☐ Low-fat
- ☐ Low-sodium
- ☐ Nut-free
- ☐ Paleo
- ☐ Pescatarian
- ☐ Plant-based
- ☐ Raw food
- ☐ Shellfish-free
- ☐ Soy-free
- ☐ Sugar-free
- ☐ Vegan
- ☐ Vegetarian
- ☐ Whole30
- ☐ Other _____

2. What wellness tools do you need to support your disabilities and/or chronic medical conditions?

- ☐ Compression Garments
- ☐ Exercise
- ☐ Fitness Trackers
- ☐ Foam Roller
- ☐ Food Journal
- ☐ Health Apps
- ☐ Healthy Diet
- ☐ Hydration
- ☐ Meditation/Relaxation Techniques
- ☐ Physical Therapy
- ☐ Sleep Tracking
- ☐ Therapeutic Massage
- ☐ Other _____

3. What accommodations do you need for care based on cultural, religious or spiritual beliefs?

4. Anything else to share around accommodations you may need for your disabilities or health conditions during treatment?

I. Gender-Affirming Treatment

1. Which types of gender-affirming care are you currently receiving or scheduled to receive?

- ☐ Fertility preservation
- ☐ Gender-affirming surgery
- ☐ Mental health and counseling services
- ☐ Voice care
- ☐ Garments (e.g., binders or breast forms)
- ☐ Hormone replacement therapy (HRT)
- ☐ Puberty blockers
- ☐ Other _____

2. What hygiene practices are critical to your gender-affirming wellness?

3. Anything else that's important to share about your gender identity?

4. Who in your gender-affirming care team do you want notified during a crisis?

Examples of relationships: Case manager, Legal aid, Peer specialist, Primary Care Physician, Psychiatrist, Social worker, Surgeon, Therapist, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

5. What would you like them to be told if you're hospitalized or incarcerated?

J. My Reproductive Healthcare Needs

1. **Are you currently pregnant?** ☐ Yes ☐ No
2. **If you have ever been pregnant, how many times?** _____
3. **Did you ever need a blood transfusion during any of your pregnancies?** ☐ Yes ☐ No
4. **Did you ever have high blood pressure or preeclampsia during any of your pregnancies?**
   ☐ Yes ☐ No
5. **If you have ever experienced a miscarriage and/or stillbirth, how many?** _____
6. **During any of your pregnancies, was labor natural or did the doctor induce your labor?**
   ☐ Natural labor ☐ Doctor induced labor
   ☐ No labor or induction due to C-section
7. **If you have ever had a Cesarean section (C-section), please share about your experiences:**
   How many C-sections have you had? _____
   Were your C-sections planned or emergency? ☐ Planned ☐ Emergency
   Describe any problems you experienced while having a C-section or recovering from one.

8. **If any of your children were born earlier than expected, how many weeks early were they?**

   _____

9. **Were your children born with any injuries? Check all that apply.**
   ☐ Bone fractures (arms, collarbone, stuck shoulder, etc.)
   ☐ Bruising on body ☐ Forcep marks
   ☐ Hemmorhaging ☐ Other _____

10. **Were your children born with birth defects or genetic disorders? Check all that apply**
    ☐ Cleft lip and palate ☐ Clubfoot ☐ Cerebral palsy
    ☐ Cystic fibrosis ☐ Congenital heart defect ☐ Down syndrome
    ☐ Gastrochisis ☐ Fragile X syndrome ☐ Muscular dystrophy
    ☐ Neurofibromatosis ☐ Spina bifida ☐ Tay-Sachs disease
    ☐ Turner syndrome ☐ Blood disorder (Sickle cell disease, thalassemia, etc.)
    ☐ Hydrocephalus (cerebrospinal fluid build up in brain) ☐ Other _____

These next questions help medical professionals know which medical problems to look out for if you're unable to tell them yourself.

11. **If you need to take psychiatric medications while pregnant, which symptoms are most important to manage?**

_____

12. **What psychiatric medications are most helpful in managing your symptoms?**

_____ MEDICATION NAME

_____ MEDICATION NAME

_____ MEDICATION NAME

_____ MEDICATION NAME

13. **Is there anything else you want medical professionals to know about your mental health during pregnancy?**

14. **During previous pregnancies, did you have any traumatic or negative experiences that you want medical professionals to know about?**

These next questions help healthcare professionals make decisions for you during your pregnancy, if you're unable to do so yourself. Your answers will guide your care, so be sure to share what's important to you.

15. **In an emergency, which procedures do you consent to if needed to save your life?**

- ☐ Blood transfusion
- ☐ C-section
- ☐ Forceps-assisted delivery
- ☐ Induction
- ☐ Vacuum delivery

16. **In an emergency, which procedures do you consent to if needed to save your baby's life?**

- ☐ Blood transfusion
- ☐ C-section
- ☐ Forceps-assisted delivery
- ☐ Induction
- ☐ Vacuum delivery

17. What pain medications are you comfortable taking while in labor?

- ☐ NSAID (Nonsteroidal anti-inflammatory drugs)
- ☐ Epidural
- ☐ Local anesthetics
- ☐ Nitrous oxide
- ☐ Opioids
- ☐ Other _____

18. When it comes to pain medication, what side effects are you MOST uncomfortable with during pregnancy?

19. What pain medications are you comfortable taking while you heal from labor and delivery?

- ☐ NSAID (Nonsteroidal anti-inflammatory drugs)
- ☐ Acetaminophen (Tylenol)
- ☐ Topical anesthetics or analgesics
- ☐ Opioids
- ☐ Other _____

20. How would you prefer to feed your newborn?

- ☐ Breastfeed
- ☐ Formula
- ☐ Combination (breastfeed and formula)
- ☐ No preference

21. Would you be open to feeding your newborn donated breast milk from another individual?

☐ Yes ☐ No

22. If you're unable to care for your newborn for a short time, who do you want to be their caregiver?

Examples of relationships: Parent, Spouse, Partner, Former partner, Sibling, Child, Other family member, Friend, Neighbor, Roommate, Co-worker, Guardian, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

23. Add care instructions for your newborn for a short time:

24. If you're unable to care for your newborn for a longer period of time, who do you want to be their caregiver?

Examples of relationships: Parent, Spouse, Partner, Former partner, Sibling, Child, Other family member, Friend, Neighbor, Roommate, Co-worker, Guardian, Other

NAME | PHONE NUMBER

EMAIL | RELATIONSHIP TO YOU

NAME | PHONE NUMBER

EMAIL | RELATIONSHIP TO YOU

25. Add care instructions for your newborn for a longer period of time:

26. If your newborn will have siblings, would you want your newborn to be placed with them?

☐ Yes ☐ No

27. Is there anyone you do NOT want caring for your newborn?

Examples of relationships: Parent, Spouse, Partner, Former partner, sibling, Child, Other family member, Friend, Neighbor, Roommate, Co-worker, Guardian, Other

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

REASON THEY SHOULD NOT CARE FOR YOUR NEWBORN _____

NAME _____ PHONE NUMBER _____

EMAIL _____ RELATIONSHIP TO YOU _____

REASON THEY SHOULD NOT CARE FOR YOUR NEWBORN _____

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Making it Legal with Signatures

PRINT AND SIGN
Your Psychiatric Advance Directive (PAD) becomes legal when it is signed and either witnessed or notarized.

Your PAD must include either:
- Two witness signatures, or
- Notarization by a Notary Public

Witnesses may include up to one family member and cannot be a treating healthcare provider. They must be at least 18 years old and able to:
- Confirm your identity
- Confirm that you created and signed the PAD

Witnesses do not need to be Preferred Contacts and do not need to view your PAD.

Your Signature

Statement of Intent

By signing below, I am executing this Psychiatric Advance Directive (PAD). This PAD does not include a durable power of attorney for healthcare. Although I may still have capacity (the ability to make my own decisions), this document represents my preferences during a behavioral health crisis.

The witnesses below are attesting that I willingly created and signed this document.

MY NAME	DATE	MY SIGNATURE

Option 1: Witness Signatures

WITNESS #1 NAME	DATE	WITNESS #1 SIGNATURE
WITNESS #2 NAME	DATE	WITNESS #2 SIGNATURE

Option 2: Notarization

NOTARY PUBLIC SIGNATURE	
NOTARY PUBLIC NAME	DATE
COMMISSION EXPIRES	SEAL/STAMP

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Key Terms

Additional Contact
In a PAD, an Additional Contact is someone who helps with daily responsibilities during a crisis (e.g., feeding pets, notifying employers), but does not have legal authority to make treatment decisions.

Advance Directive
An advance directive, also known as an advance healthcare directive, is a legal document outlining an individual's wishes regarding medical treatment if they become unable to make decisions for themselves.

Assisted Communication Device
These devices are designed to help individuals with disabilities communicate. Some examples include laptops, tablets, and speech-generating devices.

Behavioral Health
Behavioral health includes mental health conditions and substance use disorders. It refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health.

Source: CDC **www.cdc.gov/mental-health/about/about-behavioral-health.html**

Behavioral Health Crisis
A behavioral health crisis is a situation in which an individual is experiencing distress that may impact their safety, ability to care for themselves, or ability to function effectively, and might lead to incapacity.

> Examples: extreme anxiety, suicidal thoughts, confusion, hallucinations

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Capacity
Capacity refers to a person's legal and mental ability to make informed decisions about their own healthcare. For a PAD to be considered valid, the individual must have capacity at the time of its creation, meaning they understand the nature, consequences, and implications of the decisions outlined in the document.

CARE Court
CARE Court (Community Assistance, Recovery, and Empowerment Court) is a California program that connects individuals struggling with severe, untreated mental illness – often coupled with substance use challenges – to a court-ordered CARE Plan lasting up to 24 months. This plan is carried out by a community-based care team and intended to support recovery and stability.

Source: California Legislative Information **leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20252026oSB27#99INT**

Conservatorship

A conservatorship is a court-ordered legal arrangement where an individual (the conservator) is appointed to care for another adult (individual on conservatorship, or conservatee) who may need support managing their personal or financial affairs due to a condition affecting decision-making capacity. The conservator can decide about physical and behavioral health treatment for the individual on conservatorship. In the context of PADs, a conservatee's ability to create or enforce a PAD may be limited depending on the powers granted to the conservator.

Crisis Directives

This is the section of the online PAD that contains personal information to help law enforcement and other first responders identify the individual, communicate effectively, and de-escalate a situation.

> Includes preferred name, appearance, triggers, calming strategies, communication tips, and support contacts

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Crisis Event Call for Service

For crisis teams, first responders, and law enforcement, a crisis event call for service is a time-limited situation during which an individual's PAD would be reviewed and implemented as possible.

Crisis Team Member

This is an individual whose primary job is to offer support and encouragement to individuals experiencing a crisis. They may be partnered with law enforcement advocates, placed in treatment facilities and hospitals, or work on crisis hotlines.

De-escalation

De-escalation is a set of strategies or techniques used to reduce the intensity of a crisis situation, with the goal of calming heightened emotions and preventing harm. In behavioral health contexts, de-escalation focuses on creating safety, reducing stress, and restoring communication without the use of force.

Dependents

Dependents are people who rely on an individual for daily care. Some examples include children, a spouse, other family members, friends, and older adults.

Digital Literacy

Digital literacy is the ability to find, understand, use, and communicate information through digital platforms such as websites, apps, and email. It includes knowing how to access online tools safely, protect personal information, and navigate technology independently or with support.

First Responder
First responders are trained professionals who are first to arrive and provide assistance at the scene of an emergency. This includes behavioral health crisis team members, firefighters, emergency medical technicians (EMTs), law enforcement officers, and other personnel trained to respond to crises and provide immediate support.

Full-Service Partnership (FSP)
A Full-Service Partnership is a community-based and individually centered program that uses a "whatever it takes" approach to develop personal care plans for individuals and families. FSPs provide behavioral health services and intensive case management to support people living with behavioral health conditions.

Gender
Biological sex and sexual orientation are not the same as gender. Gender identity exists along a spectrum, and it is important to respect and affirm each individual's identity. According to Human Rights Watch, "One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth."

Healthcare Durable Power of Attorney (Durable POA)
A legal instrument that allows a person to name individuals who can make decisions for them when they lack decision-making capacity. The person designated through this instrument is called a health care agent, proxy, or surrogate decision maker. The health care agent represents the person's wishes, and those wishes should be communicated in advance.

HIPAA (Health Insurance Portability and Accountability Act)
A federal law that protects the privacy of personal health information. It prohibits covered entities (healthcare providers, health plans, etc.) from using and disclosing individuals' "individually identifiable health information."

> Because all information in a psychiatric advance directive is volunteered by the individual, HIPAA does not apply.

Individual
In the context of this project, individual is defined as a person who creates and owns their psychiatric advance directive.

Law Enforcement Sensitivity
Individuals who have negative experiences with law enforcement may have heightened responses to the presence of weapons or other law enforcement tools, which can escalate a crisis.

Non-Hospital Treatment Facility

These buildings are not hospitals but provide authorized treatment for behavioral health conditions. These may include drop-in centers or peer respites.

Peer

A peer is an individual who has lived experience with a mental health condition, a substance use disorder, or both and is either a recipient of behavioral health services or a parent/family member of the recipient.

Peer Support Specialist

A Peer Support Specialist is an individual trained to utilize their lived experience with a mental health and/or substance use challenge as either a recipient of behavioral health services or a parent/family member of the recipient. Peer Support Specialists are trained to help others experiencing similar situations and encourage engagement in services to promote wellness and recovery.

Preferred Contact

In a PAD, a Preferred Contact is a trusted person chosen to advocate for the individual's preferences in their PAD during a crisis. This person has full access to the PAD and helps ensure the individual's wishes are honored.

> Formerly referred to as a Healthcare Agent or Advocate

Psychiatric Advance Directive (PAD)

A Psychiatric Advance Directive is a legal document with an individual's specific instructions or preferences regarding treatment, in case of a future behavioral health crisis (mental health and/or substance use) in which they might not be able to make their own decisions. PADs are a means for increasing self-determination by encouraging and empowering people to make decisions about their lives to the maximum extent possible.

Psychiatrist

This is a physician who is tasked with diagnosing a person with a behavioral health condition based on the symptoms they present during their evaluation. A psychiatrist also specializes in assessing and supporting individuals experiencing behavioral health challenges, including prescribing medication when appropriate.

Recovery

Recovery is a strength-based process of change through which individuals enhance their health and wellness in ways that are meaningful to them, live self-directed lives, and strive to reach their full potential.

Substance Use
Substance use refers to the use of alcohol, illicit drugs, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body which may have varying impacts on health and well-being, including the potential for dependence.

Supported Decision-Making
Supported decision-making is a process where individuals receive help from trusted supporters to understand options and make decisions without giving up their autonomy.

Supporters
These are people the individual trusts to support them during a crisis and recovery. They may be close family members, friends, or healthcare providers.

Therapist
Therapists are licensed professional supports individuals in their healing, growth, and recovery process. A therapist can specialize in various types of therapeutic treatment (such as talk therapy, play therapy, occupational therapy, DBT, EMDR, etc.)

Treatment Directives
In the online PAD, Treatment Directives is the section where individuals specify the type of care they want to receive during a behavioral health crisis.

> Includes medication preferences, preferred hospitals, therapies to avoid, and information on dependents, gender-affirming care, and reproductive health

Treatment Facility
A treatment facility is a licensed place that provides professional care and treatment services for people experiencing mental health or substance use challenges.

WRAP® (Wellness Recovery Action Plan)
WRAPs are personal self-management tools for daily wellness and relapse prevention. They are often developed in a self-help group setting.

> Compared to a PAD, a WRAP plan tends to include more information about day-to-day routines and focus on maintaining wellness outside moments of crisis.