

From: [Michael & Kacey Countryman](#)
To: [Fye, David \[BSRB\]](#)
Subject: advanced care directive
Date: Monday, February 6, 2023 2:44:14 PM

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Good afternoon, David,

Below I have included the behavioral health advance directive questions. At our facility the BHAD is built into our EMR and can be adjusted based on client' need. We have just recently started to use advance directives as we move toward becoming a CCBHC. If you need anything further, please let me know.

Best,
Michael

Behavioral Health Advance Directive

Client:

ID:

BD:

A behavioral health advance directive outlines your wishes in the event of a mental health emergency/crisis. By completing the behavioral health advance directive, you are instructing your provider on how you would like him/her to respond if you experience a mental health emergency/crisis.

1. Do you currently have a behavioral health advance directive? YES / NO. If YES, may we have a copy for your file? If NO, would you like to complete one? YES / NO. (proceed if the client would like to complete a behavioral health advance directive)
2. What are some indicators that you are in a mental health crisis?
3. Who would you like contacted in case of a mental health emergency/crisis?
Name: Phone:
4. Is there an emergency/crisis care facility you prefer? Phone: Address:
5. In the rare case that hospitalization is required, which hospital do you prefer?
Phone: Address:
6. If admitted to a crisis unit or hospital, who would you like to transport you?
7. Is there a health care professional you would like notified or consulted if you are admitted to a hospital? Name: Phone:

8. Types of medical treatment(s) that you want or do not want (and briefly state the reason)

9. Medical conditions or allergies doctors should be aware of?

10. People to contact who can help with bills, pet care, childcare etc.?

11. Other preferences and/or considerations:

Signature of Client or Guardian:

Date:

Witness:

Date: