

# Letting others know how to help: Advance Communication to Treatment Provider

The Advance Communication allows you to:

Tell service providers what is important or useful to you and/or your family during a crisis/before the next crisis.

List your preferred types of treatment based on the location, program style, or the kind of care you have received in the past.

## Completing the form

The Advance Communication has two pages. Either or both may be completed.

Page 1. Completed by the person who will be receiving the crisis service.

Page 2. Completed by the parent or guardian/care giver.

There are no ‘wrong’ answers. This is about the health and well-being of you/your family. Your beliefs about what works are important. There are often a number of ways to resolve a crisis situation, and your opinions and choices matter.

You do not need to complete every section—just the ones that are important to you. You can also add pages if necessary.

Copies of the Advance Communication can be sent to other service providers in the community (for example Mobile Crisis Intervention (MCI) team), so that they have it on file if there is a crisis.

You can update the Advanced Communication any time there is a change that you want to make.

If you have specific needs, requests, or other information that would be useful for a treatment provider to know, they can be listed here. Examples include:

- Communication needs (“Both parents need a Punjabi language interpreter.”)
- Physical limitations (“I cannot climb stairs.”)
- Important people (“My husband is working out of province, please include him by telephone.”)
- Logistical considerations (“I am a single parent of three children, and childcare is very hard to arrange. I prefer that a mobile crisis team come to the home.”)
- Cultural, ethnic, and/or religious preferences

The Advanced Communication promotes consideration of your choices, and gives you a voice in decisions. It is not a legal document, however, and the service provider may not be able to do everything that you ask.

## ADVANCE COMMUNICATION TO TREATMENT PROVIDER – YOUTH/YOUNG ADULT

What I experience when I am in crisis:

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Treatment I prefer NOT to receive:

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My priorities in a crisis:

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If I am admitted to a facility, I need to plan for the following (pet, child, housing, car, job, school, etc.)

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What helps me in a crisis:

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Additional information, needs, or requests:

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Treatment I prefer (specific programs, medications, types of intervention, alternatives to hospitalization, involvement of friends and family):

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I want this plan to be shared with: \_\_\_\_\_ \*

\*Note that if you want the provider to share this plan consent must be provided.

## ADVANCE COMMUNICATION TO TREATMENT PROVIDER – PARENT/GUARDIAN

How my/our child looks and acts when in crisis:

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Treatment I/we prefer for my/our child:

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My/our priorities when my/our child is in crisis:

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Treatment I/we prefer my/our child NOT receive:

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What helps my/our child during crisis support/intervention:

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If I/we cannot be immediately reached if child is in crisis, contact:

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What helps my/our family during crisis support/intervention:

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Additional information, needs, or requests:

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I want this plan to be shared with: \_\_\_\_\_ \*

\*Note that if you want the provider to share this plan consent must be provided.