

Describe yourself when you're feeling well:	Signs that indicate I cannot make appropriate decisions for myself:	
	-	
-	-	
I want the following people to make desicion	ns for me and see that I get appropriate treatment	
and to give me care and support when I am s appropriate decisions for myself:	showing signs of not being able to make	
I do not want the following people involved in any way in my care or treatment. List names and		
(optionally) why you do not want them involv	ed:	
I developed this document myself and give permission to my supporters		
collaborate to assist me:	Your signature	



What I want from my supporters when I am feeling this badly:	What I don't want from my supporters when I am feeling this badly:
What I want my supporters to do if I'm a dan	nger to myself or others:
Things I can do for myself:	



Things I need others to do for me and who I want to do it:	How I want disagreements between my supporters settled:
Indicators that supporters no longer need to	o use this plan:
Triggers or Things that can lead to or exacer	bate episodes:



Preferred or Acceptable Medications & Why:	Unacceptable Medications & Why:	
Preferred Treatment Methods, Treatment Fa	cilities, Care and Respite Options and Why:	
Unacceptable Treatment Methods and Treatment Facilities and Why:		