



My Advance Preference Statements Tāngata Whenua

Date:

Review date:

The implementation of MAPS is part of a research project at Health New Zealand Te Whatu Ora Lakes. Do you wish to be contacted by one of the team to take part in this research?

Yes

No

Section 1. My Details

Full name:

Date of Birth:

NHI (if known):

Address:

Phone number:

Email address:



Section 2: Ko Wai Au? Who am I?

My name is:

I was born in
(where in NZ or other country you were born):

My Maunga (Mountain) is:

My Awa (River) is:

My waka (Canoe) is:

My iwi (tribe) is:

My hapu (sub-tribe) is:

My marae is:

My mother's name is:

I am placed in the family (1st , 2nd, 3rd, 4th etc.)

I am a Whangai (adopted) child (tick a box):

Yes

No

The main caregiver I lived with when I was growing up was:

Name:

Relationship:

I live in (where in New Zealand do you live now):

My father's name is:

They came from
(where in NZ or other country they were born):

Their Maunga (Mountains) are:

Their Awa are (Rivers):

Their Waka (Canoes) are:

Their Iwi (Tribes) are:

Their Hapu (Sub-tribes) are:

Their marae are:

Tāngata – People

This acknowledges that we do not exist in isolation and have others around us who care about us and are affected by, and affect, our wellbeing.

Section 3. Family, Whānau

Friends and Others I want Involved in My Care and Treatment.

People I want staff to contact in the first few hours of me coming into hospital or respite care.

My next of kin:

Name:	Relationship to me:	Contact phone number:
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Other people I want staff to contact:

Name:	Relationship to me:	Contact phone number:
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People who can visit me in hospital or respite care and included in my care and treatment:

Name:	Relationship to me:	Contact phone number:
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People I DON'T want to visit me in hospital or respite care or included in my care and treatment:

Name:	Relationship to me:	Contact phone number:
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Section 4: My Personal Affairs

Who do I want to look after my personal affairs while I am in hospital or respite care?

Name:	Relationship to me:	Contact phone number:
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Taiao – Environment

A Community Offering a Range of Help Options - There are many different therapies and help options. Different things work for different people.

Section 5: Community Support People and Places to Visit

Community people I would like to support me when I am unwell.

Places I like to visit to help in my recovery:

Section 6: My whānau also need support.

Where can my whānau go for help and to learn about treatment options?

Tikanga – Values

Te Ao Maori: Maori Worldview

Valuing and respecting the knowledge and mana which sits within iwi Māori. Māori have for a long time used different healing methods which are meaningful and helpful to them.

Section 7: My care and treatment

What would I prefer to happen as part of my care and treatment?

What don't I want to happen during my care and treatment?

I would prefer my keyworker/nurse to be (Tick a box):

Male

Female

I don't mind

I have a preferred keyworker / nurse I like:

Name

Tikanga – Values Healing and Recovery

Recovery is “Living well in the presence or absence of one’s mental illness.” There are things which can help me recover and live a full and meaningful life. Acknowledging and building on my strengths gives me hope about my future.

Section 8. My Wellbeing, Healing and Recovery

What is most important in my recovery?

What am I like, and what activities do I enjoy, when I am well?

What is my life like when I am becoming unwell?

What activities help me in my recovery?

I have the following dietary requirements:

I have the following physical health needs:

I would like these personal belongings brought to the hospital or respite care to comfort me:

These are other important things I would like people to know, to help in my recovery:

This statement of my will and preferences should be followed (Tick a box):

At all times

When I say so

When (name of person) says so

When I am subject to a compulsory assessment under the Mental Health Act

When I am unable to communicate my own will and preferences

Other: (please specify)

Your Full Name:

Signature: