

CRISIS PLAN

A crisis plan is a document you can use to let your support system and providers know how to assist you if you are undergoing a time when you need additional support or need them to take action on your behalf.

It is helpful to complete the crisis plan when you are feeling in a good place about yourself and your life.

You can complete this plan yourself or with the collaboration of your support system and/or providers.

It is important to share this crisis plan with your support system and providers so each knows your wishes about how they can best help and support you if a time comes when you are not able to manage on your own.

It is recommended that you keep copies of the crisis plan in several places such as:

- Place in your home where you can easily find it
- Give a copy to each support person you have shared your crisis plan with
- Ask your provider to keep a copy in your chart or file

MY CRISIS PLAN

Name: _____ Date in effect: _____

Date of Birth: _____ Phone: _____

Support persons (Family, friends, advocates etc...)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Indicate what order you would like your support persons listed above called if you are in crisis:

Name _____

Name _____

Name _____

Name _____

Emergency Contact (If different from supports listed above)

Phone for emergency contact _____

Important information:

Clinic or Agency where you receive treatment

Phone # of clinic or agency _____

Name of Therapist or Counselor _____

Name of Psychiatrist or circle Not Applicable _____

Name of Primary Care physician _____

If you are taking mental health medications, who is prescribing them?

Name of Prescriber _____

Phone # of Prescriber _____

If you are taking non psychiatric medications, who is prescribing them?

Name of Prescriber _____

Phone # of Prescriber _____

Name of person who has a list of all your current medications: _____

Phone # of person who has a list of all your current medications _____

Medications that have been helpful when you are in crisis

Medications to avoid and why

Allergies to medications

Medications to avoid due to side effects (List medication name and side effects)

Mental Health Concerns

Substance Use Concerns

Medical Conditions

Important information for my support system

1. What I am like when I am doing OK

2. Signs that I may be starting to have some trouble managing on my own

3. Coping strategies I can use to help myself

4. Some ways that my support system can help me

5. Some things that don't help

6. I know I need to get help when

In a crisis I will need help with:

Pets (write pet type and name) _____

Name of support person who has agreed to help with pets _____

Children (Write name and Dates of Birth of children)

Name of support person who has agreed to help with children

Other things I will need help with

(Write task in here) _____

Name of support person to help _____

(Write task in here) _____

Name of support person to help _____

(Write task in here) _____

Name of support person to help _____

In a crisis situation I will
