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 ______________________

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

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________