

Crisis Plan

My Contact Information

Name: _____

Address: _____

Phone: (daytime) _____ (evening) _____ (cell) _____

Employer: _____

My Doctor's Contact Information

Doctor's Name: _____

Address: _____

Phone: (office) _____ (emergency) _____ (other) _____

If my doctor is not available, contact these medical professionals:

My Health Care Information

Preferred Hospital: _____

Address: _____

Phone: (emergency) _____ (other) _____

Second Choice Hospital: _____

Address: _____

Phone: (emergency) _____ (other) _____

Medications:

_____	_____
_____	_____
_____	_____

Allergies to/intolerance of any medication:

_____	_____
_____	_____
_____	_____

Insurance or Medicaid information:

Support Information

Things that might trigger an episode, such as life events, travel, physical illness, or work stress:

Warning signs such as talking very fast, paranoia, lack of sleep, slowed down movement, excessive alcohol or drug use:

Things people can say that are calming and reassuring:

Things people should do in crisis such as take away car keys and lock up anything dangerous such as weapons and medications:

Things emergency staff can do, such as explain things, talk slowly, observe personal space, or write things:

Reasons life is worthwhile and recovery is important:
