

MY CRISIS PLAN

Things I must do:

Example of a Reminder List: When Things Are Breaking Down....

In spite of my best efforts, symptoms may get worse, serious and even dangerous.

List those signs that let you know things are worsening.

My Plan to reduce symptoms: Plan needs to be very directive with fewer choices and very clear instruction.

Others take over my responsibilities for my care and decision making during a crisis. Proactive advance planning by me allows me to be in control during a crisis. (Medical personal, friends, supporters, peer specialist, etc).

Part 1: When I am feeling well I appear....

Part 2:

The following symptoms would indicate to others that they need to take over responsibility for my care and safety, as I have prescribed, and to make decisions for my well being.

Part 3:

List of my supportive individuals I want to take over for me when my symptoms are too intense to cope with such responsibilities such as, paying bills, child care and other task like staying with me and taking me to health care appointments.

Name: _____ Phone number: _____

Role or primary responsibility: _____

Name: _____ Phone number: _____

Role or primary responsibility: _____

Name: _____ Phone number: _____

Role or primary responsibility: _____

I do not want the following individuals involved in My Crisis Plan:

Name: _____

Name: _____

Name: _____

Part 4: Treatment interventions that help me reduce my symptoms.

Part 5: Home/Community Care: Set up a plan so I can stay at home or somewhere safe while getting help.

Part 6: List Treatment Facilities/Clinics/therapists that have treated me successfully.

Part 7: Inactivate the Crisis Plan:

I no longer need to use this Crisis Plan when my situation is described as the following and when my crisis team determines that my symptoms have significantly decreased.

Part 9: If my behavior endangers me or others I want my supporters to act on my behalf:

Signature of Consumer _____ Date of Plan: _____