

SAMPLE CRISIS PLAN

COUNTY CRISIS LINE phone number: _____

FAMILY members you want involved:

NAME	PHONE
_____	_____
_____	_____

FRIENDS or other supporters you want involved:

NAME	PHONE
_____	_____
_____	_____

PROVIDERS you want involved — doctor, therapist, case manager, etc.

NAME	PHONE
_____	_____
_____	_____

WARNING SIGNS: how can family and friends tell when a crisis is developing/could develop?

HELPFUL THINGS PEOPLE CAN SAY

THINGS PEOPLE SHOULD NOT BRING UP

HOW PROVIDERS CAN HELP (Explain things clearly, talk slowly, observe personal space, etc.)

MEDICAL INFORMATION: other health problems, current medications, allergies



APPOINTMENT PREP SHEET



#1 ISSUE OR QUESTION

NOTES ON DOCTOR'S RESPONSE

#2 ISSUE OR QUESTION

NOTES ON DOCTOR'S RESPONSE

#3 ISSUE OR QUESTION

NOTES ON DOCTOR'S RESPONSE

QUESTIONS FOR NEXT TIME:
