



Crisis Plan

Client Name: _____

Case #: _____

Start Date of Treatment Plan: _____

Targeted End Date of Treatment Plan: _____

Purpose of Plan:

Daily Plan

Things I need to do to maintain or improve my wellness, and to cope with daily stress.

1. _____
2. _____
3. _____
4. _____

Triggers, Early Warning Signs and Symptoms

Events, thoughts or behaviors that tell me that I am near a crisis and first steps to take.

Triggers: (Things like Anniversary dates of significant events in my life, visits by people who cause me stress, etc.)	What needs to be done:	Who should do it:
Behaviors: (Things like, isolation, poor hygiene, loss of appetite, not sleeping, not going to work, or school, etc.)	What needs to be done:	Who should do it:

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Psychiatric Hospitalization

If a psychiatric hospitalization is necessary, my preference is:

1st Choice: _____

2nd Choice: _____

I would like the following people notified in the event of hospitalization.

Name	Relation	Phone Number

Treatment That Has Been Helpful In The Past

Medications	Treatment

Intensive Crisis/Emergency Planning

Information that will help me in a time of crisis

<p>If you were experiencing a crisis, whom would you contact for help? Is there someone that you would like your program staff to contact to assist you if there is a crisis? Do you want to sign a release so staff can contact this person?</p>	<p>Name: Phone:</p>
<p>Do you have a preference as to who might help you if you are in crisis after program hours? Who do you identify as a possible natural support person(s) in your life?</p>	<p>Name: Phone:</p>
<p>Name two staff at your current program that you prefer to receive assistance from if you are experiencing crisis, in addition to your assigned case manager.</p>	<p>Staff Name: Staff Name:</p>
<p>Name of the person(s) that you want to be notified if you are in need of intensified crisis services such as hospitalization or crisis residential. Is this the same person as in the first box? (Be sure a release is signed.)</p>	<p>Name: Phone: Name: Phone:</p>

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Intensive Crisis/Emergency Planning - Continued

Information that will help me in a time of crisis

<p>If you are in crisis but do not need intensified crisis services, do you have an identified safe place that you could go until you can talk to your program staff or physician during program service hours? If so, where is this safe place? What is your plan to get to this place?</p>	<p>Name of Place: Address: Phone: Plan:</p>
<p>If you are caring for children, pets, or others who need you, who can take care of them if you can't cope or must go into the hospital or crisis residential? Have you spoken with this person and given him or her information about their medical needs, school information, etc.? Do you want to sign a release so that staff can contact these individuals and make the necessary arrangements? Name(s) of children and ages:</p>	<p>Name: Phone: Back-up Name: Phone:</p>
<p>If you were in need of transportation when experiencing a crisis whom would we contact to assist you?</p>	<p>Name: Phone:</p>

Client Name: _____

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Client Signature: _____

Date: _____

Treatment Team

Parent/Guardian Signature (If Applicable): _____

Date: _____

Staff Signature/Credentials: _____

Date: _____

Supervisor Signature/Credentials: _____

Date: _____