

My Crisis Plan

Name:

Home Address:
Contact Number:
Who to contact in an emergency:
Who NOT to contact:
GP Details:
Current Medication:
Any known Allergies:
Information relating to my physical and mental health:
I am open to these services:
If I am unwell then the following needs to happen:
What may help me to feel better?
What is likely to make me feel worse?

My Personal Support Directory

Name	Contact Details	Notes

Disclaimer: I worked on this Plan when I was well and these are my wishes.

Signed:

Date: