

# My Crisis Plan

In spite of your best planning, you may find yourself in a crisis situation where others may need to take over responsibility for your care. Your crisis plan will tell others about how to care for you when you are not feeling well.



**Part One: Provide information about you when you are feeling well.**



**Part Two: Be very specific and list the things that will let other people know that you are in crisis and they need to help.**



**Part Three: List the people you want to take over and help if things become worse.**



**Part Four: List your medical providers and medications and treatment preferences. Also consider medicines and treatments you want to avoid.**



**Part Five: Identify a plan for staying in your home or the community.**



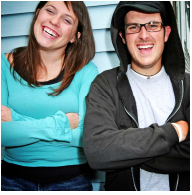
**Part Six: Identify the treatment facilities/hospitals you'd prefer if you are unable to stay in your home.**



**Part Seven: List how others can help you during this process.**



**Part Eight: Outline a plan for when this crisis plan can become inactive.**



## **Plan Part One: What I'm like when I'm feeling well:**

This is how I think, act, and feel when I am doing well.

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## **Part Two: Signs that I need help from others**

If I have several of the following signs, my supporters as named in this document need to take over responsibility for my care and make decisions in my behalf based on the information in this plan.

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### Part Three: Supporters

If this plan needs to be activated, I want the following people to take over for me:

Name	Phone #	Connection/Role	Specific Tasks

I do not want the following people involved in any way in my care or treatment:

Name	I don't want them involved because: (optional)

### Settling Disputes Between Supporters:

If my supporters disagree on a course of action to be followed, I would like the dispute to be settled in the following way:

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## Part Four: Medications & Treatment

Health Care Provider	Location	Phone Number
Physician:		
Psychiatrist:		
Pharmacy:		

### Allergies:

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### Insurance Information:

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### My Medications:

These are the medications I am currently taking:

Medication/Supplement	Dosage/Frequency	What I take this medication for:

**Medications / Supplements / Health Care Preparations I would be willing to take to help me get well again:**

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**Medications / Supplements / Health Care Preparations to avoid and why:**

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### **Treatments and Complementary Therapies**

**These treatments may help reduce my symptoms:**

<b>Treatments That May Help Me:</b>	<b>When These Treatments Should be Used:</b>

**These are the treatments I want to avoid:**

<b>Treatments I want to Avoid:</b>	<b>Why These Treatments Should be Avoided:</b>



## Part Five: Staying in the Community

This is my plan so I can stay home or at least in my community and get the care that I need:

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## Part Six: Hospital and other Treatment Facilities

If I need hospitalization or treatment in a treatment facility, I prefer the following facilities in order of preference:

Name of Facility	Location/Phone #	Other Details

Avoid using the following hospital or treatment facilities:

Name

Reason to avoid using

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## Part Seven: Some other ideas for help:

Please do the following things that would help reduce my symptoms, make me more comfortable and keep me safe.

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These are the other tasks I need people to do for me:

What I Need Done:	Who I'd Like to Do It:

Do not do the following. It won't help and it may even make things worse.

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## Part 8: Inactivating the Plan

The following signs or actions indicate that my supporters no longer need to use this plan.

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I developed this plan on (date) \_\_\_\_\_ with the help of \_\_\_\_\_

Any plan with a more recent date supersedes this one.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Attorney \_\_\_\_\_

Date \_\_\_\_\_

Durable Power of Attorney \_\_\_\_\_

Substitute for Durable Power of Attorney \_\_\_\_\_

Any Personal Crisis Plan developed on a date after the dates listed above takes precedence over this document.

For further information on developing a Crisis Plan:

*Mary Ellen Copeland*

PO Box 301, West Dummerston, VT 05357

Phone: (802) 254-2092 Fax: (802) 257-7449 [info@mentalhealthrecovery.com](mailto:info@mentalhealthrecovery.com) [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)