Care Plan

Name:                                                     Clinician Name:

My main therapeutic goals and problems I am working on
(1) In the short term
(2) In the long term

My crisis survival strategies
Warning signs that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won’t harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis:
Life 13 11 14          Emergency 000        Mental Health Crisis Team

My support people (e.g. partner, family members, friends, psychologist, psychiatrist, nurse, social worker, GP)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
<th>Role in My Care</th>
<th>OK to Contact?</th>
</tr>
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Signature:                                         Clinician’s Signature:

Date:                                                 Date of next review:

Copy for the: Client / Clinician / Emergency / GP / Other (please specify)