Carer Plan

Name:                                                     Clinician Name:

My main goals and problems I am working on in relation to my carer role

In the short term

In the long term

My carer crisis survival strategies

Warning signs that the person I support is unsafe, in distress or crisis

Things I can do when the person I support is unsafe, distressed or in crisis that won’t harm them or me

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

What I can do to take care of myself in stressful times

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
<th>Role for me</th>
<th>OK to Contact?</th>
</tr>
</thead>
</table>

Signature:                                         Clinician’s Signature:

Date:                                                 Date of next review:

Copy for the: Carer / Clinician / Other (please specify)