

Crisis Plan

Numbers to contact if unable to contact support person: 13 11 14 **Black Dog** 1800 022 222 Lifeline Beyond Blue 1300 224 636 Mental Health Helpline 1300 643 287 My contact information First Name: Surname: I like to be known as: Date of birth: Age: Female Other **Gender** (please circle one): Male Address: Suburb: State: Post code **Phone number:** Other: **Email address: Employer:** Medicare number: IRN: Best contact person/s (Eg. Support person, next of kin) Full name: Relationship: Address: Phone number: Full name: Relationship:

Phone number:

Address:



My doctor or general practitioner (GP) contact information				
Full name:				
Practice:				
Address:				
Phone number:	Emergency number:			
If my doctor is not available, contact these medical professionals:				
My health care information				
Preferred hospital:				
Address:				
Phone number:	Emergency number:			
Second choice hospital:				
Address:				
Phone number:	Emergency number:			
Allergies or adverse reactions (please tick one): Yes No If yes, please give details:	Unsure			
Medications				
I take medications (please tick one): Yes No	Unsure			
If yes, please list:				



Medication name	Dose and frequency	Purpose (if known)	How taken

Support Inform	nation		
Things that keep	me feeling well:		
Things that migh	t trigger an episode	e, such as life events, travel, p	hysical illness or work stress:
Extra things I ca	n do when I am not	t travelling the best:	
Warning signs s excessive alcoho		y fast, paranoia, lack of slee	p, slowed down movement,
	ould do in a crisis su and medications:	uch as take away car keys and	d lock up anything dangerous
Things emergen or write things:	cy staff can do, suc	ch as explain things, talk slov	vly, observe personal space,
	hat should happen s, houseplants etc)	during an inpatient admissior :	or mental health crisis (e.g.
Reasons life is w	orthwhile and recov	very is important:	: :
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Beyond Blue	1300 224 636	Mental Health He	elpline 1300 643 287