

Crisis Plan



Full Name/DOB

Support Person

1. _____
2. _____
3. _____

Insurance Information

Company:

Group Number (ID):

Phone Number

Support Person Phone

1. _____
2. _____
3. _____

People/Places for my Personal Safety

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Warning Signs of Crisis

Examples: Increased Anxiety, Isolation, Increased Irritability, Irrational Thought Patterns

1. _____
2. _____
3. _____
4. _____
5. _____

Crisis Plan



Detox Facilities

Name:

Phone Number:

Address:

Contact Person:

Name:

Phone Number:

Address:

Contact Person:

Important Phone Numbers

Suicide Prevention Line

1-800-273-TALK

(8255)

Suicide Text Line

741741

Hotline: 988

SAMSHA National

Treatment Line 24/7

1-800-622-HELP (4357)

Medication List

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Crisis Plan



Narcan Location in Home

Doctors/Therapists

Name: _____

Number: _____

Specialty: _____

Name: _____

Number: _____

Specialty: _____

Name: _____

Number: _____

Specialty: _____

Transportation Services

1. _____

2. _____

3. _____

Treatment Facilities

Name: _____

Phone Number: _____

Address: _____

Contact Person: _____

Name: _____

Phone Number: _____

Address: _____

Contact Person: _____