

### Crisis Plan Template (for training purposes only)

#### Demographics

<b>Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Parent/Caretaker:</b>		
<b>Resides with (others in the Home):</b>		

#### Usual Routine (School, Work, etc.):

#### Strengths/Needs:

<b>Strengths:</b>	<b>Needs:</b>

#### Providers:

<b>Physician:</b>	<b>Address:</b>
<b>Psychiatrist:</b>	<b>Address:</b>
<b>Case Mgr/Care Coord:</b>	<b>Address:</b>

**Crisis History:**

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**Diagnosis/Medications:**

Diagnosis (include both Medical/MH)	Medications	Prescribing Physician

**Potential Support Persons (w/contact info):**

Name:	Phone:

**Potential Problems (Predict)**

Potential Triggers:	Potential Behaviors

**Preventative Strategies: (Prevent)**

Environment	Potential Predictable Behavior	Individual/Family/System Strategies to Prevent Crisis	Who Involved
Home			
School/Work			
Community			

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**Interventions: (Plan—from least to most restrictive)**

<b>Interventions at Home</b>	<b>Contact/Phone</b>
<b>Interventions at School/Work</b>	<b>Contact/Phone</b>
<b>Interventions in the Community</b>	<b>Contact/Phone</b>

**Respite Options: (family or system):**

<b>Name:</b>	<b>Contact:</b>

**Respite Plan: (transportation, pets, meds, etc.):**

**Hospital Preference:** \_\_\_\_\_

**Team Members/Plan Distribution:**

Person	Role	Contact Information

Parents/Caretaker: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker/Case Manager/Crisis Worker: \_\_\_\_\_ Date: \_\_\_\_\_