Crisis Plan

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Post Crisis Plan



This Crisis Plan and Post Crisis Plan help you plan what to do in case of a crisis and when recovering afterwards.

Simply having these in place can help put your mind at ease (and even help avoid a crisis).

They are 'collaborative' plans. That means they are best made with others who might care about you and support you. This means everyone is on the same page to support you in case of crisis and in recovering afterwards.

Collaborative Crisis Plan

		Symptoms. Symptoms that indicate to others that they need to take over esponsibility for your care and make decisions on your behalf:



Supporters. Try to list at least five people you chose to to take over for you when the symptoms you listed come up. Include the role you want them for them in your plan:

Name	Phone	Relationship	Role In My Crisis Plan

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Medication

List your physicians, consultants, pharmacies and their telephone numbers:

Name	Tel

List any allergies you have:		
		_
ist any medications you are currently using		
Medication	For	
What medications you would <i>prefer</i> to take became necessary and <i>why</i> you would cho		ns,
Medications I would Prefer to take	Why	

Medications I do NOT wish to take	Why
Treatments	
Treatments List treatments that help reduce your symp	toms when you are in a crisis:
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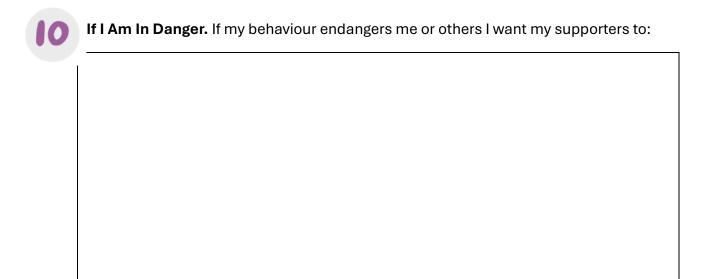


Home/Community Care/ Respite Centre

Treatment Facilities	
Treatment Facilities treatment facilities where you would prefer to be hospitalised if	necessary:
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Post Crisis Plan

How would	you like to feel whe	n you have recove	ered from crisis?	
	section where you de gh this list might differ		are like when you a	re having

I would like the following people to support me if possible during this post crisis time:



Name	Tel	Relationship	What I need them to do

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My Crisis Recovery Plan

What are some things you need to do every day while recovering from this crisis?	
ist things and people you need to <i>avoid</i> while you are recovering from this crisis:	X

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Signs That This Post Crisis Phase Is Over

List things to do for yourself every day:
List any changes to your crisis plan that might ease your recovery:
What did you learn from this crisis?
List any changes you want to make in your life as a result of what you have learned:

Resuming Responsibility A plan for how you will take back control for each role you gave responsibility to o during crisis (eg feeding the pets) Responsibility: Who has been doing this: Who needs to help now: What do they need to do: Plan for you Resuming Responsibility:			
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Responsibility:
Who has been doing this:
Who do you now need to help:
What do they need to do:
Plan for Resuming Responsibility:
Responsibility:
Who has been doing this:
Who do you now need to help:
What do they need to do:
Plan for Resuming Responsibility:

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Name
Address
Tel
Email:
I developed this plan on (date) :
With the help of:
Any plan with a more recent date supersedes this one.
Signed :
Date:
Witnessed by:
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Attorney :
Enter details of Enduring Power of Attorney (if you have one):