| Crisis Plan |
| --- |
| Name:  |  |
| Diagnosis: |  |
| When to Activate Crisis Plan |
| Depression Crisis Signs |  |
| Depression Crisis Plan |  |
| Mania Crisis Signs |  |
| Mania Crisis Plan |  |
| Mixed Episode Crisis Signs |  |
| Mixed Episode Crisis Plan |  |
| Medications |
| Current Medications (include dosages) |  |
| Medication Allergies |  |
| Previously Tried Medications |  |
| Contacts |
| I authorize the following people to be contacted in an emergency.  |
| Loved Ones (partner, parents, emergency contact) |  |
| Care Team (psychiatrist, therapist, PCP)  |  |
| Previous Hospitalizations |
| Dates | Notes |
|  |  |
| Mental Health History |
| QR Code |  |
| If Hospitalization is necessary |
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