| 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 | |
|  | |