

Share with your mental health provider and **FAX to Roger at 503-585-4989 (for PCC file)**

# PERSONAL ACTION / CRISIS PREVENTION PLAN

## CLIENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

County of Residence \_\_\_\_\_ Phone(s) \_\_\_\_\_

*Support Persons: (family, advocate, peer support)*

✕ Mark who you want called in a crisis

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

Counselor / Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

*If you are taking mental health medications, who prescribes them?*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Person who has a list of your **current** medications \_\_\_\_\_

Medications that have been helpful in emergencies \_\_\_\_\_

Medications to avoid and why \_\_\_\_\_

Allergies / adverse medical effects \_\_\_\_\_

Mental health conditions \_\_\_\_\_

Substance use issues \_\_\_\_\_

Medical conditions \_\_\_\_\_

I have completed a *Declaration for Mental Health Treatment*. It is available at: \_\_\_\_\_

**PERSONAL ACTION / CRISIS  
PREVENTION PLANNING**

The document called "Ideas to Help Spark Your Thinking" has suggestions others have found helpful.

1. Some things I want from my life are: \_\_\_\_\_

\_\_\_\_\_

2. Signs that I'm doing OK: \_\_\_\_\_

\_\_\_\_\_

3. Early signs that I'm not feeling well: \_\_\_\_\_

\_\_\_\_\_

4. What I can do to help myself: \_\_\_\_\_

\_\_\_\_\_

5. Ways that others can help me: \_\_\_\_\_

\_\_\_\_\_

6. What I don't want – What doesn't help: \_\_\_\_\_

\_\_\_\_\_

7. I know I need to get help when: \_\_\_\_\_

\_\_\_\_\_

In a crisis I need to know I have help with:  Pets  Children  Transportation

Other: (explain) \_\_\_\_\_

In a crisis situation, I will do this: \_\_\_\_\_

\_\_\_\_\_

*Optional:* My provider or other support person agrees to do this: \_\_\_\_\_

\_\_\_\_\_

I would like to request a trauma survivor peer support volunteer (if you're on Oregon Health Plan)

I would like information about other peer support services

Oregon state law allows healthcare providers to share your confidential information to the extent necessary to help you during an emergency. *Oregon Revised Statutes 179.505 (4)(a)*