




Mental health, substance use or medical concerns: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	 Mid-Valley Behavioral Care Network In Case of Emergency Name: _____ Date of birth: _____ <i>People to call in a crisis:</i> Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____	Medications I take: _____ _____ _____ _____ MEDICAL ALERT: Allergies or medications to avoid: _____ _____ _____ This information is current as of this date: _____ _____	Crisis Contact Numbers Psychiatric Crisis Center, Marion County: 503-585-4949 Mental Health: _____ _____ _____ Primary Care Physician: _____ _____ _____ Other: _____ _____
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What helps me during a crisis: _____

What doesn't help: _____

My Personal Action / Crisis Prevention Plan is available at: _____

What helps me during a crisis: _____

What doesn't help: _____

My Personal Action / Crisis Prevention Plan is available at: _____

What helps me during a crisis: _____

What doesn't help: _____

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