

Care Plan

Name:

Clinician Name:

My main therapeutic goals and problems I am working on

- (1) In the short term

- (2) In the long term

My crisis survival strategies

Warning signs that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won't harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis:

Lifeline 13 11 14 Emergency 000 NSW Mental Health Line 1800 011 511 Kids Helpline 1800 551 800

My support people (e.g. partner, family members, friends, psychologist, psychiatrist, teacher, school counsellor, social worker, case worker, GP)

Name	Contact Details	Role in My Care	OK to Contact?

Signature:

Clinician's Signature:

Date:

Date of next review:

Copy for the: Client / Clinician / Emergency / GP / School / Case Worker / Other (please specify)