



Health

Carer Plan

Name: _____ **Clinician Name:** _____

My main goals and problems I am working on in relation to my carer role

(1) In the short term

(2) In the long term

My carer crisis survival strategies

Warning signs that the person I support is unsafe, in distress or crisis

Things I can do when the person I support is unsafe, distressed or in crisis that won't harm them or me


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

What I can do to take care of myself in stressful times

Places and people I can contact in a crisis:
 Lifeline 13 11 14 Emergency 000 NSW Mental Health Line 1800 011 511

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

Name	Contact Details	Role for me	OK to Contact?

Signature: _____	Clinician's Signature: _____	 PROJECT AIR <small>A PERSONALITY DISORDERS STRATEGY</small>
Date: _____	Date of next review: _____	
Copy for the: Carer / Clinician / Other (please specify)		