

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 **Local Service:**

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:

Date:

Date of next review:

Copy for the: Carer / Clinician / Other (please specify)

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