

Portable Treatment Record

Name: _____ Date of birth: _____

Emergency contacts:

Name _____ Phone: _____

Relationship _____

Name _____ Phone: _____

Relationship _____

Pharmacy: _____ Phone: _____

Location: _____

Primary care physician

Name: _____ Phone: _____

Office address: _____

Psychiatrist

Name: _____ Phone: _____

Office address: _____

Other mental health professionals (therapist, case manager, psychologist, etc.)

Name: _____ Phone: _____

Type of mental health professional: _____

Office address: _____

Name: _____ Phone: _____

Type of mental health professional: _____

Office address: _____

Medication Record

Date prescribed	Physician	Medication	Dosage	Date discontinued

Source: Suzanne Vogel-Scibilia's Young Families Crisis Course

Crisis Plan

Emergency resource 1: _____

Phone: _____ Cell phone: _____

Emergency resource 2: _____

Phone: _____ Cell phone: _____

Physician: _____ Phone: _____

If we need help from professionals, we will follow these steps (include how the other children will be taken care of):

1. _____

2. _____

3. _____

4. _____

5. _____

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?

Relapse Plan

The person with the mental health condition and the family should talk together and agree on the following parts of their plan:

How do we know the symptoms are returning? List signs and symptoms of relapse:

1. _____
2. _____
3. _____

When the symptoms on line 1 appear, we will:

- _____
- _____
- _____

When the symptoms on line 2 appear, we will:

- _____
- _____
- _____

When the symptoms on line 3 appear, we will:

- _____
- _____
- _____

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?