

# JOINT CRISIS PLAN



Last name:

First name:

Date of birth:

Phone:

Address:

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**My crisis plan was developed jointly with** (names and roles of the different partners):

**For what mental health and/or addiction problems do I receive treatment for?**

**What can trigger the onset of a crisis?**

**What am I concretely like when I go through a crisis? (thoughts, emotions, physical reactions, behaviors)**

**Are there other signs that appear according to the people around me?**

**What could I do concretely to deal with this distressing situation?** (listing personal strategies first, then the ones involving my supporters and finally those requiring the intervention of professionals)

**Who can I ask for help if needed?** (name, nature of the relationship or role, phone number; listing my supporters first, then professionals from my usual support network, and finally the crisis teams or services)

**When I am unwell and / or in the event of a crisis:**

**1. What care or treatment do I want to receive?**

**2. What care or treatment do I want to avoid?** (argue the reasons for the refusal)

**3. What alternatives do I suggest?** (essential to inform in case of refusal of care or treatment)

**In a crisis situation, what are the concrete steps to take or delegate to protect my interests and my daily life?** (Mail, childcare, pets, home, work, ... name who can or must do what, put in contact details of people so that they can be reached if necessary)

**My crisis plan has been sent to:** (place or name, nature of the relationship)

Place and date:

Roles & signatures: