



Macomb County Community Mental Health Adult DD Crisis Plan



CLIENT INFORMATION

CLIENT NAME	CASE #	DATE OF BIRTH	SSN
ADDRESS		GENDER	TELEPHONE
DATE			

I KNOW THAT THESE SYMPTOMS, FEELINGS OR EVENTS MAY LEAD TO A CRISIS

- | | |
|---|---|
| <input type="checkbox"/> Increase/decrease in sleep | <input type="checkbox"/> Not eating/overeating for several days |
| <input type="checkbox"/> Using drugs/alcohol to cope | <input type="checkbox"/> Not taking care of hygiene |
| <input type="checkbox"/> Fighting with other people/aggression | <input type="checkbox"/> Wanting to hurt others |
| <input type="checkbox"/> Wanting to hurt myself | <input type="checkbox"/> Feeling unsafe |
| <input type="checkbox"/> Not keeping appointments/not taking medicine | |
| <input type="checkbox"/> Not paying bills | |
| <input type="checkbox"/> Other: | |

IN ORDER TO PREVENT A CRISIS OR RELAPSE I WILL TAKE THESE ACTIONS

- Call someone on the list below for help, advice or support

Name	Phone Number

OTHER THINGS I CAN DO TO COPE

- | | | |
|--|---|---|
| <input type="checkbox"/> Go for a walk | <input type="checkbox"/> Take a bath | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Play with a pet | <input type="checkbox"/> Read | <input type="checkbox"/> Watch TV/movie |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Write feelings | |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Exercise | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Clean | <input type="checkbox"/> Call CLS | <input type="checkbox"/> Attend day program |
| <input type="checkbox"/> Other: | | |

IF NECESSARY, MY HOSPITAL OF CHOICE IS...

HOSPITAL	PHONE
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MY PLANS FOR...

CHILDREN/DEPENDENTS

MY PETS OR PLANTS

MY WORK

MY BILLS

MY MAIL AND HOME

THINGS I WANT THE HOSPITAL TO KNOW

CURRENT MEDICATIONS

ALLERGIES

MEDICATIONS THAT HAVE WORKED IN THE PAST

INFORMATION	
MCCMH CLINIC	INSURANCE CO
MEDICAL DOCTOR	SUPPORT COORDINATOR
OTHER	

EMERGENCY PHONE NUMBERS		
POLICE/FIRE/EMS 911	MACOMB COUNTY CRISIS CENTER (24 Hours) 586-307-9100	POISON CONTROL 1-800-222-1212
	CARE 586-541-CARE	RUNAWAY SHELTER 586-465-1212
ACCESS CENTER 586-948-0222	MATTS SHELTER 586-755-5191	HARBOR OAKS HOSPITAL 586-725-5777
TURNING POINT SHELTER FOR WOMEN 586-463-6990		

SIGNATURES

CONSUMER
 DATE
 SUPPORT COORDINATOR
 DATE

PARENT OR GUARDIAN
 DATE
 THERAPIST/CASE MANAGER
 DATE