



# Macomb County Community Mental Health

## Adult MI 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

WHEN MY SYMPTOMS ARE HARD TO MANAGE OR I FEEL UNSAFE, I WILL

THE PSYCHIATRIST SAYS I CAN TAKE THE FOLLOWING ADDITIONAL MEDICATION

### IF NECESSARY, MY HOSPITAL OF CHOICE IS...

HOSPITAL	PHONE
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### MY PLANS FOR...

CHILDREN/DEPENDENTS

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MY PETS OR PLANTS

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MY WORK

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MY BILLS

---

MY MAIL AND HOME

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### THINGS I WANT THE HOSPITAL TO KNOW

CURRENT MEDICATIONS

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ALLERGIES

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MEDICATIONS THAT HAVE WORKED IN THE PAST

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MEDICATIONS THAT HAVE NOT WORKED IN THE PAST

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**INFORMATION**

MCCMH CLINIC	INSURANCE CO
MEDICAL DOCTOR	SUPPORT COORDINATOR
OTHER	

I WILL KEEP THIS PLAN

**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