



'Keep Me Safe' Plan

Hotlines & Clinics

(Local to Hinsdale, IL Area)

<u>DuPage County Crisis Hotline</u> 630-627-1700	<u>Illinois CARES Mobile Crisis</u> <u>(for uninsured or Medicaid youth)</u> 1-800-345-9049
<u>Local Psychiatric Urgent Care Walk-In Clinic</u>	
<u>DuPage County Mobile Crisis Response</u> 630-627-1700	<u>The National Suicide Prevention Lifeline</u> 1-800-273-8255

Personal Information:

Name:	Date of Birth:
	Phone:

Family & Friend Emergency Contacts:

Name:	Relationship:
	Phone:

Name:	Relationship:
	Phone:



Name:	Relationship:
	Phone:

Name:	Relationship:
	Phone:

Psychiatric crisis symptoms and history:

Triggers:

Things that have helped in the past:

Previous suicide attempts or self injury:



Crisis Plan

If we need help from professionals, we will follow these steps:

1.

2.

3.

4.

5.

We will know it is time to **go to the hospital** when...
(describe specific behaviors that would make us consider this)

We will know it is time to **call 911** when...
(describe specific behaviors that would make us consider this)

Relapse Plan:

The person with a mental health condition and the family should talk together to agree on the following plan:

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

1

2

3



When symptoms from **line 1** appear, we will take the following actions:

When symptoms from **line 2** appear, we will take the following actions:

When symptoms from **line 3** appear, we will take the following actions:



We will know it is time to **go to the hospital** when...
(describe specific behaviors that would make us consider this)

We will know it is time to **call 911** when...
(describe specific behaviors that would make us consider this)

Healthcare Providers:

Primary Care Physician:

Address:

Phone:

Pharmacy:

Address:

Phone:



Therapist/Counselor:	Address:
	Phone:

Psychiatrist:	Address:
	Phone:

Current Medical Information:

Diagnoses:

Date	Diagnosis	Who made the diagnosis

Psychiatric Hospitalizations:

Date of admission	Reason for hospitalization	Name of facility	Date of discharge

Medical History:

Allergies to medications:

Medication	Reaction

Psychiatric medications that caused serious side effects:

Medication	Side Effects	Date Discontinued

Major medical illnesses:

Illness	Treatment	Current Status

