

Cornerstone Behavioral Healthcare Crisis/Safety Plan

Client #:

Client Name:

Date:

Emergency Contact Name / Relationship
(update in Pimsy)

Telephone Number

Describe what triggers a crisis for you:

Describe what a crisis feels like for you:

What is helpful (identify the strategies and techniques that may be utilized to stabilize the situation):

Who is helpful

Name	Relationship	Contact Number

Who/What is not helpful

Have you ever called a Crisis Program? yes no

Have you ever been in a crisis unit? yes No

Would you be interested in meeting with a crisis worker in your area to develop crisis plan? yes no

Do you have a crisis plan on file at your local crisis provider? yes no

Do you have a mental health advanced directive? (If so, please attach) yes no

STATEWIDE CRISIS: 1-888-568-1112

LOCAL POLICE: 911

LOCAL FIRE: 911

STATE POLICE: 1-800-482-0730

SUICIDE & CRISIS LIFELINE: 988

WABANAKI CARELINE: 1-844-844-2622

POISON CONTROL: 1-800-442-6350

OTHER:

Client Signature:

Date:

Parent/Guardian Signature:

Date:

Provider Signature:

Date:

Provider Printed Name and Credentials: