

Your Personal Contingency Plan

Name: _____

Phone: _____

Address: _____

| Support Team: | Name | Phone Number |
|----------------------|-------------|---------------------|
| Support Person 1 | _____ | _____ |
| Support Person 2 | _____ | _____ |
| Support Person 3 | _____ | _____ |
| Support Person 4 | _____ | _____ |

24-Hour Emergency Numbers:

- 1) Immediate Emergency Call 911
- 2) National Suicide Prevention Lifeline 1-800-273-8255
- 3) Mental Health Hotline 1-844-549-4266
- 4) Substance Abuse and Mental Health Helpline 1-800-662-4357
- 5) Crisis Text Line Text 'HOME' to 741741

Current Medications:

- 1)
- 2)
- 3)

Medication Contingency Plan:

- 1)
- 2)
- 3)

Things That May Trigger a Relapse:

- 1)
- 2)
- 3)

Mania Early Warning Signs:

- 1)
- 2)
- 3)

Depression Early Warning Signs:

- 1)
- 2)
- 3)

If I develop any of these signs, I will:

- 1)
- 2)
- 3)

If my support people observe these signs, they may:

- 1)
- 2)
- 3)

These people can visit me in the hospital:

- 1)
- 2)
- 3)

I have a Psychiatric Advance Directive:

YES ____ NO ____

If "YES" attach it or note where it can be located. If "NO" one should be created in case of emergency.

Signature: _____

Date: _____

Remember to make a few copies of your Contingency Plan and give them to the people in your support team.

A PLAN IS USELESS IF NOT PUT INTO ACTION!