

Care Plan

Name:

Clinician Name:

My main therapeutic goals and problems I am working on

(1) In the short term

(2) In the long term

My crisis survival strategies

Warning signs that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won't harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis:

Lifeline: 13 11 14 Emergency: 000 Kids Helpline: 1800 551 800 Local Service:

My support people (e.g. partner, family members, friends, psychologist, psychiatrist, teacher, school counsellor, social worker, case worker, GP)

Name	Contact Details	Role in My Care	OK to Contact?

Signature:

Clinician's Signature:

Date:

Date of next review:

Copy for the: Client / Clinician / Emergency / GP / School / Case Worker / Other (please specify)

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