

<h1 style="margin: 0;">My Care Plan</h1>	
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Name:	Clinician Name*:
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My main therapeutic goals and problems I am working on

(1) In the short term

  

(2) In the long term

My 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    Mental Health Line: 1800 011 511**

**Local Service:**

My support people (*e.g. parents, siblings, friends, psychologist, teacher, school counsellor, GP, relatives*)

Name	Contact Details	Role in My Care	OK to Contact?

<p>Signature: _____ Clinician's Signature: _____</p> <p>Date: _____ Date of next review: _____</p> <p>Copies must go to the people that can help to keep me safe. These people are (please specify):</p> <p><b>*Write and/or review in partnership with young person and a health care professional, for example School Counsellor/School Psychologist, CAMHS clinician or GP.</b></p>	<p><a href="http://www.projectairstrategy.org">www.projectairstrategy.org</a></p>
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