

## Portable Treatment Record

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Emergency contacts:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

### Primary care physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_

### Psychiatrist

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_

### Other mental health professionals (therapist, case manager, psychologist, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of mental health professional: \_\_\_\_\_

Office address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of mental health professional: \_\_\_\_\_

Office address: \_\_\_\_\_

# Medical History

Allergies to medications:

Medication	Reaction

Psychiatric medications that caused severe side effects:

Medication	Side effects	Approximate date discontinued

Major medical illnesses:

Illness	Treatment	Current status

Major medical procedures (ex: surgeries, MRI, CT scan)

Date	Procedure	Result





## Crisis Plan

Emergency resource 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency resource 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If we need help from professionals, we will follow these steps (include how the other children will be taken care of):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?

## Relapse Plan

The person with the mental health condition and the family should talk together and agree on the following parts of their plan:

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

When the symptoms on line 1 appear, we will:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

When the symptoms on line 2 appear, we will:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

When the symptoms on line 3 appear, we will:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**When will we think about going to the hospital?** What type of behavior would make us consider doing this?

**When will we think about calling 911?** What type of behavior would make us consider doing this?