

My Next Steps & Info I Need

Name: _____

Cell Phone: _____

Email: _____

What I can do today to be ok: _____

My plan for tomorrow: _____

My #1 Goal right now: _____

Who can I call if I need to?

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

My Doctors or Counselors

Name: _____ Phone: _____

Name: _____ Phone: _____

Medications I take

My Pharmacy: _____ Pharmacy Phone: _____

What can I do next time before I get into a crisis to reach out? _____

Where can I go to be safe? _____

People, Places and Things to Avoid: _____

Resources or groups that might help me: _____

MY FAVORITE SAYING: _____

