Emergency Mental Health Information

Use this sheet as a guide for communicating with medical personnel during a psychiatric emergency.

Forms to include if available:

Copy of Psychiatric Advanced Directive, Power of Attorney, Healthcare Rep Form, Insurance Card

Date: _____

Allergies/Sensitivities (include reactions):

_____

Name: _____ D.O.B.: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Insurance Card #: _____

Use the following section as a guide to communicate with 911 during an emergency. When calling 911, let them know it is a psychiatric emergency and you would like a Crisis Intervention Team Officer if possible.

Is the person suicidal or homicidal? _____

Do they have a plan? _____

Do they have a weapon? _____

Are they under the influence of any substances? _____

Has the person previously attempted suicide (when)? _____

What are their physical symptoms (not sleeping, eating, vomiting, etc.)? _____

_____

What are the behaviors that are causing concern? _____

_____

What is the person saying that is causing concern (put in quotes)? _____

_____

What is/are the psychiatric diagnosis(es) (include substance use disorders)? _____

What are their medications and dosages (include vitamins, herbs & supplements)? _____

_____

What is/are their other chronic health diagnosis(es) (include developmental disorder)?_____

_____

Other Helpful Information

Primary Care Physician: _____ Phone: _____

Clinic: _____

Other provider/case manager: _____ Phone: _____

Health Care Representatives and/or Persons You Want To Be Called:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

3. _____ Phone: _____Relationship: _____

Most Recent Hospitalizations:

1. Facility: _____ Phone: _____ Reason: _____

2. Facility: _____ Phone: _____ Reason: _____

3. Facility: _____ Phone: _____ Reason: _____

Cultural Needs/Requests: _____

Spiritual Needs/Requests: _____

Things That May Help the Situation: _____

_____

Things That May Worsen the Situation: _____

_____

Other Important Information: _____

_____

_____