My 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 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:

Local Service:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
<th>Role in My Care</th>
<th>OK to Contact?</th>
</tr>
</thead>
</table>

Signature:      Clinician’s Signature:      

Date:            Date of next review:

Copies must go to the people that can help to keep me safe. These people are (please specify):

*Write and/or review in partnership with young person and a health care professional, for example School Counsellor/School Psychologist, CAMHS clinician or GP.