

# 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: \_\_\_\_\_

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

# 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 children and other vulnerable family members 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?