

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

Current Medical Information

Diagnosis:

Date	Procedure	Who made the diagnosis

Psychiatric hospitalizations:

Date of admission	Reason for hospitalization	Name of facility	Date of discharge

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?