

What am I like when I am doing well? (Activities, routine, self-care, mood, attitude, etc.)

- 1.
- 2.
- 3.
- 4.

How can I tell that I am in need of additional support (warning signs)?

- 1.
- 2.
- 3.
- 4.

What types of external triggers/stressors do I need to watch out for?

- 1.
- 2.
- 3.
- 4.

What am I feeling or thinking when I am in need of additional support? How is this different than when I am doing well?

- 1.
- 2.
- 3.
- 4.

What might others notice about me when my plan needs to be activated?

- 1.
- 2.
- 3.
- 4.

What steps will I take to feel better?

- 1.
- 2.
- 3.
- 4.

_____'s Wellness Plan

Who would I like to assist me, and what would I like them to do?

- 1.
- 2.
- 3.
- 4.

Are there things that your supports should not do to help reduce uncomfortable feelings?

- 1.
- 2.
- 3.
- 4.

Who would I like to be contacted in case of emergency?

<u>Name</u>	<u>Phone Number</u>
1.	
2.	
3.	
4. New Journeys Team	360-704-7170
Cammie (work cell)	360-790-3223
Katherine (work cell)	360-280-8180
Gardenia (work cell)	360-239-8355
Nicole	360-507-2867

List of crisis supports:

BHR Crisis Services – 360-754-1338
Crisis Clinic – 360-586-2800
National Crisis Hotline – 1-800-273-8255
National Crisis Text Line – text “HOME” to 741741
In case of life threatening emergencies call 911

Prescriber: _____

PCP: _____

Allergies: _____

Medications/Supplements (including dosage and purpose):

1. _____
2. _____

I agree that I participated in the creation of this plan and that when I am experiencing a crisis that I will follow the plan I have developed.

Name

Signature