

This document can be used by people who are coming to the emergency department for mental health and/or substance use reasons. It can be completed beforehand, or shared with clients and families to be completed in the emergency itself. It's not intended to replace a crisis plan, or a Wellness Recovery Action Plan. It's a way to briefly share key information with hospital staff.

Date:

Last Name	
First Name	
Date of Birth	
Primary Mental Health and/or Addictions Care Provider	
My support person with me today is:	
Who you can contact for more information:	
I have these plans:	<input type="checkbox"/> Crisis Plan <input type="checkbox"/> Wellness Recovery Action Plan <input type="checkbox"/> Treatment Plan
Some more information about me:	Current housing situation: Alone With family or friends No fixed address Other: _____ Current employment situation: Employed Not employed On social assistance Student Other: _____

What I am experiencing right now/why I've come to the hospital today?	
<input type="checkbox"/> Medication issues <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Feeling depressed <input type="checkbox"/> Scary thoughts <input type="checkbox"/> Substance use issues <input type="checkbox"/> Relationship issues <input type="checkbox"/> Housing issues <input type="checkbox"/> Legal issues <input type="checkbox"/> Employment issues	Comments:
What my family or friends are observing:	

2 TYPE THE DOCUMENT TITLE

Hospitalizations:		
Hospital :	Date:	Comments

Allergies:	

Medications:	

What helps me	What is frightening for me

My other health concerns or other comments	