

Short-Term Crisis Intervention Plan

Child Name:	Birth Date:	Diagnosis	<u>Date of Plan:</u>
Medications:	Dosage:	Prescriber's Name Number:	Pharmacy Name/Number:
Parent/Guardian	Phone Numbers	Relationship:	Address:
Parent/Guardian:	Phone Numbers:	Relationship:	Address:

Family Strengths:

Immediate Family Needs:

Safety Concerns:

Treatment Choices:

Interventions Preferred

Interventions that have been used:

Interventions that should be avoided:

Psychiatrist Name/Phone:	Counselor Name/Phone:	School Contact Phone:	Case Manager Name/Phone:
Crisis Team Phone:	Family Doctor Name/Phone:	Hospital Name/Phone	Other:
Natural Supports:	Phone Numbers	Relationship:	Address:
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Notes: