

# My Mental Health Directive

NAME

## MY MEDICATIONS

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## MY MENTAL HEALTH PROVIDERS

Name

Phone Number

♥	_____
♥	_____

## PREVIOUS HOSPITALIZATIONS

FACILITY

DATE

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## WHO I WANT NOTIFIED IN A CRISIS

NAME

PHONE NUMBER

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## MY PREFERENCES DURING A CRISIS

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## WHEN TO CALL 911 OR TAKE ME TO ER

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## PLACES I CAN GO WHERE I FEEL SAFE

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## HOW YOU CAN HELP ME DURING A CRISIS

♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____
♥	_____

## MY PREFERRED PLAN OF ACTION

♥	_____
♥	_____