

In Association with NNAAMI The National Network of Adult and Adolescent Children who have a Mentally Ill Parent/s., and  
 WAYMI The World Association of Young People and others who have a Mentally ill Parent.

## My Family Management Crisis Plan

**To the Mental Health Staff / Service Dr.....**  
**This is my Family Management Crisis Plan I have prepared in discussion with my family. As a responsible parent or family member I have completed this form below.**

Name of person completing form.....telephone.....  
 Address.....age.....

**Urgent to be placed in the Mental Health File of ,**  
 Mr Mrs Ms (first name).....(surname).....

*Parent / mental health consumer name above.*

Date of Birth ..... Other names.....

Address.....SuburbTown.....

State.....PC.....Country.....telephone...

*Any one of us can end up in a crisis unexpectedly through an accident or through physical, emotional, or mental ill health. What are the things you need to be prepared for in a crisis, and who would you want to assist you if this was tomorrow ? (Please Print in space provided below.)*

**Be prepare,** list who and how you and your family would like to tackle looking after the items nominated below in advance and send to your doctor and or mental health service/ hospital.

*(Remember you may need to also approach a solicitor to make some arrangements for legal power of attorney apart from this document to health professionals.*

**Please keep this on your records in the event I am temporarily unable to attend to the following household or family responsibilities.**

**I would like the following people to attend to,**

*tick if you have a page attached*

Items	Who	When How	<i>tick if you have a page attached</i>
The dog			
The cat			
Other pet			
Children under 18y			
Child name age			
Child name age			
Child name age			
Child name age			
Food Purchase			
Cooking Dinner			
Making Lunches			
Bills Accounts			
Finances			

*Continued*

<b>Items</b>	<b>Who</b>	<b>When How</b>	<b><i>tick if you have a page attached</i></b>

Add pages where required

My next of kin is

Name.....

Address.....

Telephone.....

List Names and Addresses of Son's Daughters other family below.....  
Including Telephone Numbers.

Name	Address	Telephone
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List Names of responsible friend/s listed above

Name	Address	Telephone
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**Please notify above should I ever be in hospital and please remind me to update this form annually.**

Name of person completing or assisting with this form.....

Relationship to parent consumer (ie son daughter mother).....

Signature

Date

Name of parent / consumer of mental health service above.....

Signature

Date