

# Plan for Life

## I Promise Myself:

If I start to think about suicide, I will contact these family members or friends:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## I Will Also

- Call my doctor or a suicide hotline, or go to a hospital if necessary
- Remember that suicidal thoughts are a treatable symptom of my illness
- Remember that my life is valuable and worthwhile, even if it doesn't feel that way right now
- Stick with my prescribed treatment plan
- Remember to take my medications
- Remember to see my counselor/therapist/psychiatrist
- Remember to call my doctor if I don't feel safe or if I'm having problems
- Get in contact with other people who have a mood disorder
- Stay away from alcohol and illegal drugs
- Have someone take away my car keys and anything I could use to hurt myself
- Stay aware of my moods, know my warning signs and get help early
- Be kind to myself
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## My Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## My Doctors

### Primary Care Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Psychiatrist**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Therapist**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**If my doctors are not available, contact these health care professionals:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**My Local Suicide Hotline** Phone: \_\_\_\_\_

**National Hopeline Network** Phone: 1-800-784-2433 (1-800 SUICIDE)

**My Health Care Information**

**My preferred hospital:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency room phone: \_\_\_\_\_

**2nd choice hospital:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency room phone: \_\_\_\_\_

**Health Insurance Company/HMO/Medicaid Provider (attach photocopy of ID card)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy number: \_\_\_\_\_

**My DBSA Support Group**

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medications I'm taking (for all illnesses):**

1. \_\_\_\_\_ Dosage: \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_