Guide to Keeping Healthy After the Hospital

Portable Health Plan

My Portable Health Plan has information about my health. I made this plan so that my friends and family can help me with any medical or mental health crisis.

My Name: ______________________________________________________________________
Address: ______________________________________________________________________
Telephone: ____________________ Date: ______________________

In case of emergency, please call
Name: ______________________________________________________________________
Relationship: ____________________ Telephone: ______________________

The meds I take for mental health are:
_____________________________________________________________________________

For physical health:
_____________________________________________________________________________
_____________________________________________________________________________

For chemical dependency:
_____________________________________________________________________________

My doctors are:
_____________________________________________________________________________
_____________________________________________________________________________

My counselor/therapist is:
_____________________________________________________________________________

If I begin to experience symptoms of illness or relapse, please help me do the following:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

In an emergency and if additional meds are necessary, I would prefer these:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

In an emergency, please DO NOT give me the following meds:
_____________________________________________________________________________
_____________________________________________________________________________

The meds I take for physical health are:
_____________________________________________________________________________

For chemical dependency:
_____________________________________________________________________________

My Name: ______________________________________________________________________
Address: ______________________________________________________________________
Telephone: ____________________ Date: ______________________

A few resource numbers:

Helpline: (800) LIFENET (543-3638) AA Intergroup: (212) 647-1680
NAMI Helpline: (800) 950-6264 NA Helpline: (212) 929-6262
National Suicide Prevention Lifeline: (800) 273-8255
Samaritans Hotline: (212) 673-3000

“Make your own recovery the first priority in your life.”
(Robin Norwood)

NYC Health + Hospitals
Office of Behavioral Health

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