

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: _____

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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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: _____

In case of emergency, please call

Name: _____

Relationship: _____ Telephone: _____

The meds I take for *mental health* are: _____

For *physical health*: _____

For *chemical dependency*: _____

Guide to Keeping Healthy After the Hospital

