Guidelines for Individuals/Families for Completing "Supplements" to the Safety Plan or Advance Communication Documents

There are four pre-formatted documents available to help you summarize the kind of information that is often requested by treatment agencies. In a crisis situation, it can be difficult and time consuming to remember important medical information, treatment history, names, and phone numbers.

The four documents cover the following information:

- Summary of Medical Information
- Summary of Prior Treatment
- Personal Demographic Information
- Summary of Current Services, School, and/or Work

How the forms are used:

- You can choose to complete any or all of the documents
- You do not have to complete every section—it is your choice to decide what is important to communicate.
- These documents can be attached to the Safety Plan or Advance Communication that is sent to the MCI team or other provider of crisis support or intervention.
- Additionally, you can substitute an alternate summary document to use as a supplement.
- If you find one or more of the supplements useful, but do not wish to complete a Safety Plan or Advance Communication, that is okay too—choose what you think will work best for you. You can always complete different forms at a later date.
- Instead of filing copies of the supplements ahead of time, you may prefer to keep several copies of the supplements on hand to share in the event they are needed.

Summary of Medical Information

Health Conditions or Concerns			
Physical Health	Mental Health	Substance Use	Development
Notes:			
List any special accommodations required due to physical condition or communication barrier:			

Medications				
Name of Medication	Dosage	Current or Discontinued	Prescribed by:	Note

Allergies (Medication, Food, other)				
List Allergens	Mild Symptoms	Moderate Symptoms	Severe or Life Threatening	Notes

Developed by:	This is a summary of information about:
______________________________	___/___/____ Date of birth; ____________ First name; ____________ Last name
Date completed ____/____/____ ☐ Initial ☐ Revision	______________________________ (other information, needs, requests, accommodations)
Shared with: ☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________	____________ph:____________ph:____________ Printed name of the Parent/Guardian, if applicable ____________ph:____________ph:____________ Printed name of the Parent/Guardian, if applicable

Summary of Prior Treatment

Summary of Outpatient Treatment Services (from first to most recent)

Date Treatment Began	Duration of Treatment	Agency/Program Name	Type of Treatment	Notes

Summary of Hospitalizations/Out of Home Treatment (from first to most recent)

Date of Admission	Length of Stay	Facility Name	Reason for Admit	Notes

Developed by:	This is a summary of information about:
______________________________	___/___/____ ______________________ ______________________
Date completed ____/____/____ ☐ Initial ☐ Revision	Date of birth First name Last name
Shared with:	____
☐ ______________________________	(other information, needs, requests, accommodations)
☐ ______________________________	______________________ph:______________ph:______________
☐ ______________________________	Printed name of the Parent/Guardian, if applicable
☐ ______________________________	______________________ph:______________ph:______________
	Printed name of the Parent/Guardian, if applicable

Personal Demographic Information

Information about person receiving services

Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Type of living arrangement			
Date of birth / /	Gender:	SSN / /	
Notes/Alerts:			

Information about Parent(s), Guardian(s) or Spouse/Significant Other ☐ **Not applicable**

Name	Relationship		Living with? Y / N
Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Note:			
Name	Relationship		Living with? Y / N
Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Note:			
Name	Relationship		Living with? Y / N
Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Note:			

Information about Friends, Advocates, or other supportive people ☐ **Not applicable**

Name	Relationship		Living with? Y / N
Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Note:			
Name	Relationship		Living with? Y / N
Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Note:			
Name	Relationship		Living with? Y / N
Address		City	State Zip
Home Ph	Cell Ph	Work Ph	
Note:			

Developed by:	This is a summary of information about:
________________________	___/___/_____ Date of birth ____________ First name ____________ Last name
Date completed ____/____/____ ☐ Initial ☐ Revision	________________ (other information, needs, requests, accommodations)
Shared with:	______________ph:__________ph:__________ Printed name of the Parent/Guardian, if applicable
☐ ____________ ☐ ____________ ☐ ____________ ☐ ____________	______________ph:__________ph:__________ Printed name of the Parent/Guardian, if applicable

Summary of Current Services, School, and/or Work

☐Physical Health ☐Mental Health ☐Substance Use ☐Pharmacy ☐DDS ☐DCF ☐DYS ☐DMH ☐___________			
Provider	Agency/Business	Ph#	
Address	City	State	Zip
Note:			
☐Physical Health ☐Mental Health ☐Substance Use ☐Pharmacy ☐DDS ☐DCF ☐DYS ☐DMH ☐___________			
Provider	Agency/Business	Ph#	
Address	City	State	Zip
Type of Service			
☐Physical Health ☐Mental Health ☐Substance Use ☐Pharmacy ☐DDS ☐DCF ☐DYS ☐DMH ☐___________			
Provider	Agency/Business	Ph#	
Address	City	State	Zip
Type of Service			
☐Physical Health ☐Mental Health ☐Substance Use ☐Pharmacy ☐DDS ☐DCF ☐DYS ☐DMH ☐___________			
Provider	Agency/Business	Ph#	
Address	City	State	Zip
Type of Service			
☐Physical Health ☐Mental Health ☐Substance Use ☐Pharmacy ☐DDS ☐DCF ☐DYS ☐DMH ☐___________			
Provider	Agency/Business	Ph#	
Address	City	State	Zip
Type of Service			
☐Physical Health ☐Mental Health ☐Substance Use ☐Pharmacy ☐DDS ☐DCF ☐DYS ☐DMH ☐___________			
Provider	Agency/Business	Ph#	
Address	City	State	Zip
Note:			

Information about School ☐not applicable ☐Do not contact

School name________________________________Grade______Program type_________________
Preferred contact____________________________Title__________________Ph____________________
Preferred contact____________________________Title__________________Ph____________________

Information about Work ☐not applicable ☐Do not contact

Name of business______________________________________Job title__________________________
Preferred contact____________________________Title__________________Ph____________________

Developed by:
____

Date completed ____/____/____ ☐ **Initial** ☐ **Revision**

Shared with:
☐___________________________________
☐___________________________________
☐___________________________________
☐___________________________________

This is a summary of information about:

____/____/____ ________________________ ________________________
Date of birth **First name** **Last name**

____
(other information, needs, requests, accommodations)

____________________________**ph:**________________**ph:**________________
Printed name of the Parent/Guardian, if applicable

____________________________**ph:**________________**ph:**________________
Printed name of the Parent/Guardian, if applicable