



DBT Skills Group-Only Primary Provider Crisis Plan and Information

Client Name: _____ DOB: _____

This must be completed with your client’s full awareness of all parties with whom this information may be shared. Please fill this form out and fax (813-651-4402), mail it to our office, or email to admin@tbcforcbt.com

Primary Provider Responsible for Crisis Plan (circle one):

(Therapist, Psychiatrist, Primary Care Physician, Nurse Practitioner, Case Manager)

Name: _____ Phone (office): _____ (cell): _____

Email: _____ Available Hours: _____

Address: _____ Fax: _____

If your client is at high suicidal risk or in crisis requiring immediate intervention and you are unavailable, who should be called?

Your backup provider (when you not available):

Name: _____ Phone (office): _____ (cell): _____

Address: _____ Fax: _____

Significant others (to call in an emergency):

Name: _____ Phone: _____ City: _____

Name: _____ Phone: _____ City: _____

Crisis Plan

How can you be reached during a crisis if disposition planning is needed?

Who should be called for disposition planning if you are unavailable?

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1. Brief description and history of client’s crisis behavior:

2. Recent status of client’s crisis behavior (last three months). Please describe the most recent and severe crisis behavior. Describe the form, date, circumstances and what intervention resulted, if any (e.g. ER, medical ward, ICU, etc).

3. Crisis plan: Describe crisis plan you and client have agreed to for management of crisis behavior. Describe the typical emotions, thoughts, and behaviors that may precede crisis behaviors, and the strategies that a client has used successfully in the past.

(EXAMPLE: My client states that if she gets angry or feels helpless, this causes emotion dysregulation. This then triggers the urge to hurt herself by burning herself. She states that if she has this urge, she has successfully coped with these by using these distraction strategies: calling her mother, playing with her dogs, going for a walk to the park, crocheting, having a bath, doing vigorous physical exercise, listening to loud music, or praying. As a last resort, she will call me or my backup therapist and discuss ways for her to get through the moment. When she calls, she says that she finds it really helpful when I help her to find a means of distraction, remind her that she has tolerated urges like this before, and help her try to solve the problem that may be leading to her feeling this way. This plan was developed with my client.)

4. If your client is assessed as in imminent risk of suicidal behavior, self-injury, or violence, and neither you nor your backup can be immediately contacted, how should the skills trainers or other professional staff manage your client?

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5. Describe any history of violence and use of weapons. Also specifically describe any occasions of violence and use of weapons in the last three months. Describe any current plans that you and the client have to deal this behavior.

6. Describe any history of substance use. Also specifically describe substance misuse history in the last three months. Describe any plans that you and the client have to deal with this behavior.

7. Client medications: Weight (lbs): _____ Height (inches): _____

Medication	Dose	For
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Provider Signature

Date

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