

Everyday assistance

MY PLAN FOR FURTHER TREATMENT AND THERAPY PASSPORT

At this point, you should answer all important questions about your future out-patient treatment. Enter information for all questions where you can supply an answer; please discuss the remaining questions with your therapist and then supply an answer. Please omit any question where you do not know the answer. Whom do you call in an emergency?

Out-patient psychiatrist

Surname and first name

Address

Fixed-line telephone number Mobile number

Contact person in out-patient clinic

Surname and first name

Address

Fixed-line telephone number Mobile number

Statutory caregiver, if available

Surname and first name

Address

Fixed-line telephone number Mobile number

Whom do you call in an emergency?

Surname and first name

Fixed-line telephone number Mobile number

Which ward is responsible for you in an emergency?

Institution/hospital

Address

Fixed-line telephone number

Out-patient family doctor/physician, if available

Surname and first name

Address

Fixed-line telephone number Mobile number

Medication that you continue to take as an out-patient

Name of medication Dosage (mg/day)

Name of medication Dosage (mg/day)

Name of medication Dosage (mg/day)

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