

Crisis Plan

Child's Name: _____ Child's Date of Birth: _____

Child's Diagnosis: _____

In a crisis my doctor has advised us to follow these steps: (If crisis is severe call 911)

1. _____

2. _____

3. _____

Current Medications: _____

Allergies to medication? no yes: _____

Bad reaction to these meds: _____

Pediatrician: _____ Office number: _____

Psychiatrist: _____ Office number: _____

Emergency number: _____ Fax number: _____

Preferred hospital: _____

Insurance: _____ Primary insured: _____

Insurance ID#: _____ Group #: _____

When does the insurance require prior authorization? If so when does this need to be obtained?

What is the insurance phone number for authorizations: _____