(the following is an example of a filled out care plan to provide you with guidance and support if you choose to fill out one for yourself)

My Care Plan

(KEY EDITION)

SFLGBT CENTER

MY MEDICAL PROVIDERS

My Doctor or PCP: Dr. A

#: (415)123-4567

My Psychiatrist: Dr. B

#: (415)123-4567

My Therapist: Dr. C

#: (415)123-4567

My Pharmacy: Walgreens on D st.

#: (415)123-4567

MY SUPPORT SYSTEMS

Name: A
#: (415)123-4567
Can we contact them on your behalf? Y N
Can we say who we are? Y N

Name: B
#: (415)123-4567
Can we contact them on your behalf? Y N
Can we say who we are? Y N

Name: C
#: (415)123-4567
Can we contact them on your behalf? Y N
Can we say who we are? Y N

Name: D
#: (415)123-4567
Can we contact them on your behalf? Y N
Can we say who we are? Y N

MY MEDICATIONS, VITAMINS, & SUBSTANCES

Name: A
Dosage: 11g 2 times a day
Date started: Jan 2021

Name: B
Dosage: 22g 3 times a day
Date started: Jan 2021

Name: C
Dosage: 33g 1 time a day
Date started: May 2021

Name: D
Dosage: 44g when needed
Date started: October 2021

Allergies: E, F, G

SYSTEMS OF CARE

SF Mobile Crisis:
*Mon-Fri 8:30-11pm Sat 12-8pm
(415) 970-4000

National Suicide Hotline:
1-800-273-8255

Trevor Project:
1-866-488-7386

Trevor Project Text Line: 678-678

Trans Lifeline:
1-877-565-8860

Nearest Emergency Room/
Urgent Care: (search and insert here)

MY TREATMENT PREFERENCES

If necessary, I prefer this treatment facility:

(name & address)

I want to avoid (people, places, things):

-encounters with...

-this area...

-substances like...

My Care Plan

(KEY EDITION)

Brought to you by the SF LGBT Center

SFLGBT CENTER

SIGNS TO LOOK OUT FOR

I am well when:

- I am eating
- I am moving around and socializing
- I am well rested

I am unwell when:

- I don't feel like eating
- I can't get out of bed
- I haven't slept enough

WELLNESS TOOLS

Things that make me feel better:

- Water, snacks
- Space and then a listening ear
- Validation & affirmation

Things that make me feel worse:

- Large crowds
- Loud noises
- Too many questions

AFFIRMATIONS FOR SELF

- This too shall pass
- My chosen family cares for me
- I am beautifully me

I, _(print name)_ created this plan. Any plan with a more recent date replaces this one. (For your continued health and safety, we recommend that you update your care plan once a year and share it with your medical providers.)

x_(signature)_

Date Signed: xx/xx/xx

Last revised 2/2022