



## Emotional Health Plan

*Your support system*

24 hour Crisis Number: \_\_\_\_\_

Important Numbers:

Emergency: \_\_\_\_\_

Doctor: \_\_\_\_\_

Therapist: \_\_\_\_\_

### Support Team

Name	Home #	Cell #	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Tools for peace and calm

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_