

# PERSÖNLICHER KRISEN PASS

## Completion Help

The Crisis Card is designed to help you prepare for a mental health crisis and to support those who want to help in the event of a crisis/emergency. It contains important information and tips that may be useful in an emergency.

Please take enough time to fill it out. Any information may be helpful later. Another person can help you fill out the Crisis Card. Please fill out the Crisis Card when you are in a stable mental phase.

### Important tips to complete the Crisis Card

- **Please complete the crisis card in the German language if possible!** Those working in the support system are most likely to understand this language.
- Completing the fields is voluntary. You may also leave any of the fields blank.
- Please inform all persons named that they are listed as contacts in your crisis card.
- Please complete your personal crisis card clearly and legibly. Try to write in block capitals. Then put the crisis card in your mobile phone case or wallet so that it is quickly available in an emergency. You may also make copies and store them in other places (such as in the refrigerator in the **green emergency box** [\(download PDF\)](#)).
- It is helpful if you inform your trusted persons and your therapists and doctors of your crisis card.
- The crisis card is not registered at any central location.
- Should you change your decision, please dispose of your current crisis card and fill out a new one.
- Make sure to keep your crisis card up to date, especially with regard to your medication and the contact persons you have listed.

### Notes on the individual sections

#### Name, date of birth, address **1**

This is the most important information about you: your name, date of birth and address. This way, those who are helping you know your name and where you live.

#### Phone number of the psychiatric crisis line **2**

Enter a telephone number that is relevant to you here. In an emergency, professional help can be organised quickly.

#### Language **3**

Enter the language (or form of communication) in which you are able to most confidently converse with the helpers.

#### Diagnosis/symptoms **4**

Enter your medical condition here, i.e. your diagnosis and symptoms. Your doctor or therapist may be able to assist you.

## **I have a** **5**

Here you will find four fields to check off. Please indicate whether you have completed a power of attorney, a living will, a lasting power of health care or a treatment agreement.

Please also indicate where the respective document can be found if necessary. Please enter the person(s) who has/have access to this document.

*(Explanations of the documents listed here can be found at the end of the completion guide.)*

## **Provision of support** **6**

If there are minors, relatives in need of care or animals living in your household that require support, please enter this information here. Please also indicate who is to provide this support.

## **Important contacts** **7**

Please write down the names of people who should be contacted in the event of a crisis. These may be, for example, your doctor, therapist, legal guardian, relatives or friends. Please write down the person's name, their role (such as partner, sibling, parent, etc.) and their telephone number.

## **Do not do the following under any circumstances** **8**

Here you may describe what helpers should not do under any circumstances because it does you no good or because you have had a bad experience with it.

## **In a crisis, it helps me to** **9**

Please state here what helps you in a crisis. You might, for example, like to mention here what helps you to feel calm or how professionals or relatives should comport themselves.

## **Should I refuse treatment in the event of a crisis, please try the following** **10**

Here you can indicate what helpers may do or try if you refuse treatment in the event of a crisis.

## **Current medication and prescription date** **11**

Please write down your current psychiatric and other medications with the prescription date and dosage schedule to help you stick to your medication plan even in an emergency. Remember to check and update this entry regularly. If you feel unsure about filling this out, your doctor or therapist may be able to help you with it.

## **My emergency medication** **12**

Next, please enter any medication that you know from experience to be helpful. Remember to enter the dosage and schedule. If you feel unsure about filling this in, your doctor or therapist may be able to help you.

## **I keep my medication here** **13**

Please indicate here where you keep your medication (in the bathroom, bedroom or in the **green emergency box** ([download PDF](#)) in the refrigerator), so that relatives or assistants may access it quickly in an emergency.

## **Allergies, intolerances, bad experiences with the following medications** **14**

Please list any allergies, intolerances or bad experiences you have had with the relevant medications so that they can be taken into account in your treatment.

## **Other illnesses** **15**

Please enter any other relevant illnesses that may be relevant to the treatment in a crisis.

If you suffer from an addiction, please also indicate, if applicable, which addictive substances are regularly taken.

## **Date, signature**

By signing, you confirm that all the information provided is correct. You also agree that the crisis card for your treatment may be copied and stored by the respective institution.

# Explanation regarding Item 5 „I have a“

## Power of attorney

A power of attorney is used to appoint a trusted person in advance to take care of matters if the affected party is unable to do so themselves. It makes sense to issue such a power of attorney, as anyone can be affected by not being able to make their own decisions at any time. This may apply, for example, as a result of an accident if the person requiring treatment is in a coma.

## Living will (care directive)

A living will as a care directive clarifies in advance who is to take over the legal care of a person if that person suddenly requires help. In addition, this document may include the person's wishes and ideas about care and nursing measures that are important to them.

## Living will (general and/or psychiatric)

Regardless of age or state of health, anyone may suddenly find themselves in a situation in which they can no longer decide on medical treatment or a medical procedure themselves. With a living will, you can determine in advance whether you consent to or reject certain medical procedures in such a case.

## Treatment agreement

In the treatment agreement, individual arrangements are made with former patients of the psychiatric clinic in the event of further inpatient treatment.

*\* For reasons of better legibility, the simultaneous use of the language forms male, female and diverse is dispensed with. All references to persons apply equally to all genders.*

