



DBT Therapist Crisis Communication Plan

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BROWN DEER, WI 53209
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WWW.SHOREHAVENBHI.COM

Client

Client: _____ DOB: _____

Primary Therapist and Other Involved Professionals Complete the information you have on file.

Name: _____ Office Phone: _____
Address: _____ Cell: _____
Email: _____ Fax: _____
Best time to communicate by phone: _____

If your client is at high suicidal risk or in crisis requiring immediate intervention and you are unavailable, who should be called?

Your backup or on-call therapist:

Name: _____ Phone: _____
Email: _____

Include available information on prescriber of psychiatric medications:

Prescriber Information: _____ Phone (office) _____
Info on Cell/Email/Fax: _____

Case manager (if applicable):

Name: _____ Phone (office): _____
Email: _____ Phone (cell): _____
Agency: _____

Significant others (to call in an emergency):

Name: _____ Phone: _____
Name: _____ Phone: _____

Crisis Plan

How can we reach you if urgent disposition planning is needed?

Who should be called for disposition planning if you are unavailable?

Brief history of client's suicidal, self-harm, or high risk behavior:

Situations that trigger high distress and self-harm behavior:

With client permission, please share your diagnostic assessment and treatment plan. Email to referrals@shorehavenbhi.com or fax to 414-540-2171.