Samaritans: 116 123

EPUT OUT OF HOURS NUMBER 0300 123 0808

My medication: 

NB: I cannot take...

Care Co-ordinator: 
Tel: 

Consultant: 
Tel: 

GP: 
Tel: 

Advocate: 
Tel: 

Contact card
STOP!
I might have an advanced decision/statement please look inside.
If I (name)

Of (address)

am involved in a mental health episode, please consider the information on this card

Please note: The named contact is someone with whom the cardholder has discussed what actions are most appropriate under circumstances of extreme distress. The person named on this card should be contacted immediately, informed of what is happening and requested to attend as a matter of emergency.

EP0308 crisis card contact card.indd   2
13/07/2017   18:03
SAMPLE - DO NOT USE