

The HD CARE Kit:

Caregivers may wish to put together a CARE kit (Critical Advocacy Resources for Emergencies) of materials and information in a three-ring binder or file box that can be quickly shared with treatment professionals in a crisis.

This kit might include a one-page summary of psychiatric history, a recent picture and description, a list of emergency numbers, a copy of the criteria for emergency evaluations and civil commitments in the jurisdiction where the individual with HD lives, copies of involuntary commitment forms (if that state permits it), and if possible, a signed medical release that allows a designated caregiver access to the individual's medical information.

Guidelines for preparing a CARE kit are included below:

Preparing for a Crisis: Creating a CARE Kit

CARE Kit: List of Emergency Numbers

Keep a list of emergency numbers in your CARE kit, including the following. If you have made direct contact with any key people (like the Crisis intervention team/CIT team coordinator), include their contact names and any cell phone or pager numbers.

HELPLINES			
Suicide prevention	(1-800-SUICIDE)	Local NAMI	
RESOURCE	PHONE/CELL	RESOURCE	PHONE
Psychiatrist		Police department	
Case manager		Local hospital	
Primary Physician		Local emergency room	
ACT/PACT team		Civil commitment Court	
Community mental health center		Mental health court	
Mobile crisis team		Homeless shelter(s)	
Crisis intervention team			
Other Key Contacts:		Family member friends:	

INSERT THIS IN THE FRONT OF YOUR CARE-KIT

Critical Advocacy Resources for Emergencies [CARE] Kit	
Checklist For:	Last Update:
<i>This CARE-kit contains:</i>	
<input type="checkbox"/> One-page psychiatric history summary	<input type="checkbox"/> Signed Medical release
<input type="checkbox"/> Recent picture and description	<input type="checkbox"/> Medical Power of Attorney
<input type="checkbox"/> List of emergency numbers	<input type="checkbox"/> Patient's Advance directive
<input type="checkbox"/> Copy of criteria for emergency evaluation	<input type="checkbox"/> _____
<input type="checkbox"/> Copy of criteria for civil commitment	<input type="checkbox"/> _____
<input type="checkbox"/> Petition form for emergency evaluation	<input type="checkbox"/> _____
<input type="checkbox"/> Petition form for civil commitment	<input type="checkbox"/> _____

PSYCHIATRIC HISTORY SUMMARY FOR:		Inset current photo
<p>_____</p> <p>[print or type patient's full name]</p> <p>Date of birth: _____ / _____ / _____</p>		
Last known street address:		
City:	County:	State: Zip:
Home Phone:	Cell Phone:	Guardian's Phone:
Current Age:	Height:	Weight:
		Hair:
		Eyes:
Other [scars, birthmarks, etc.]:		
MEDICAL CONDITIONS DIAGNOSED		
Psychiatric Diagnosis:		Age when diagnosed:
Other:		Age when diagnosed:
EMERGENCY CONTACT INFORMATION		
Name:		
Address:		
City/State/Zip:		
Phone/Cell Phone:		
Relationship to patient:		
PRIMARY INSURANCE INFORMATION		
Company:	Policy:	Emergency Phone:
PHYSICIAN CONTACT INFORMATION		
Psychiatrist:		Phone:
Primary Care:		Phone:
PATIENT'S CURRENT SYMPTOM/SITUATION [check all that apply]:		
Suicidal	Homeless	Violent
	Vulnerable	Substance abuse
Other:		
MEDICATION HISTORY		
Current medications:		
Medication:	Dosage:	Taken Last:
Medication:	Dosage:	Taken Last:
Medication:	Dosage:	Taken Last:
Past medications that have helped:		
Past medication(s) that have not helped:		
MOST RECENT HOSPITALIZATION AND/OR ARREST		
Date:	Hospital:	Reason:
MOST RECENT ARREST OR INCARCERATION: [Violence, abuse, out-of-control, stealing, etc.]		
Date:	Police Station/Jail:	Charge:
HISTORY OF SYMPTOMATIC BEHAVIOR:		
[failure to care for basic needs, threatening family member or others, repeated car accidents, running up huge debts, etc]		