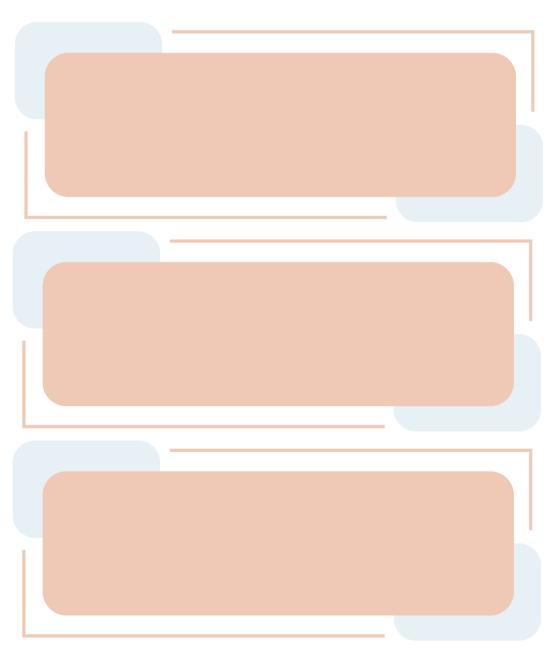
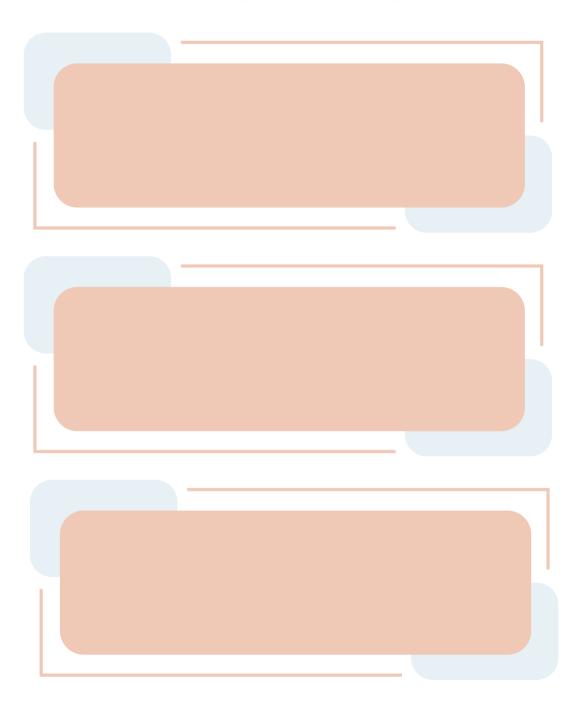




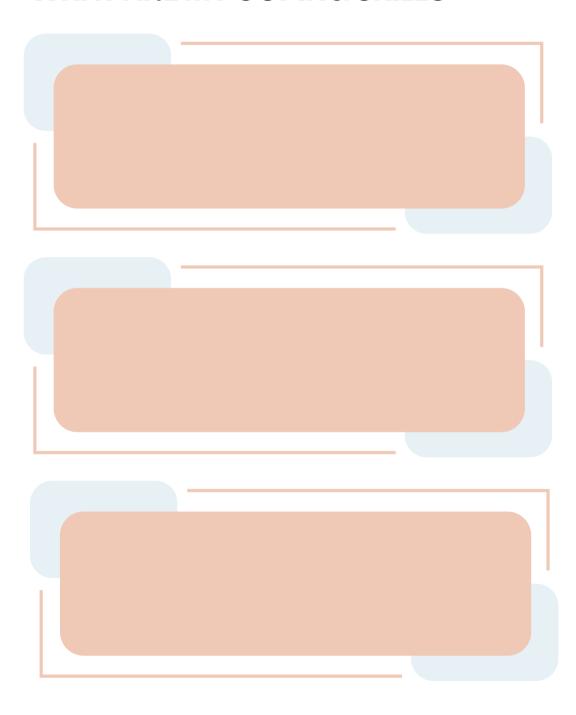
WHAT ARE MY WARNING SIGNS?



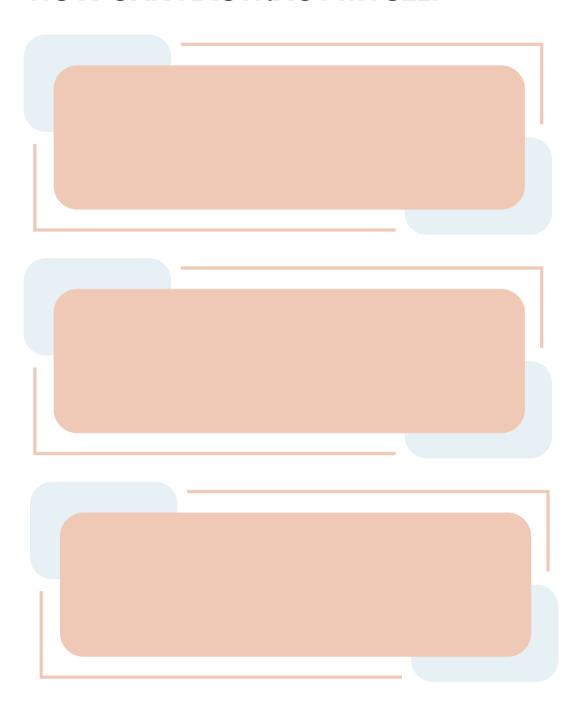
WHAT ARE MY STRENGTHS



WHAT ARE MY COPING SKILLS



HOW CAN I DISTRACT MYSELF



IF THINGS GET WORSE WHO CAN HELP ME?

NAME - RELATIONSHIP AND NUMBER





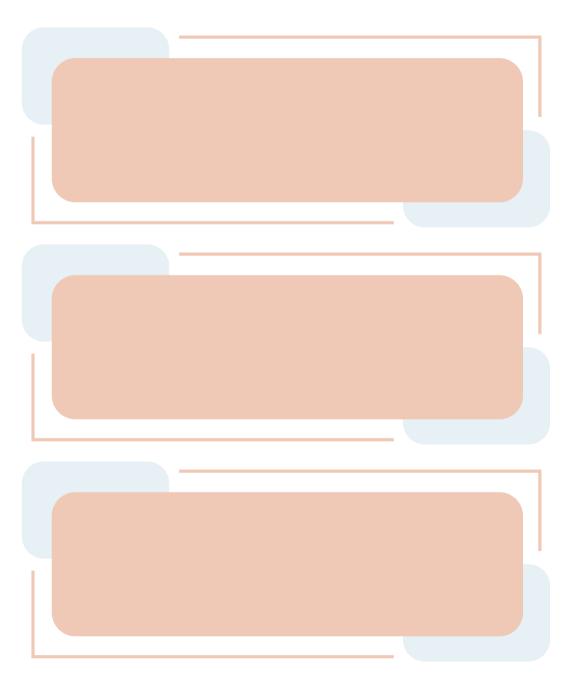
IF THINGS GET WORSE WHO CAN HELP ME?

NAME - RELATIONSHIP AND NUMBER

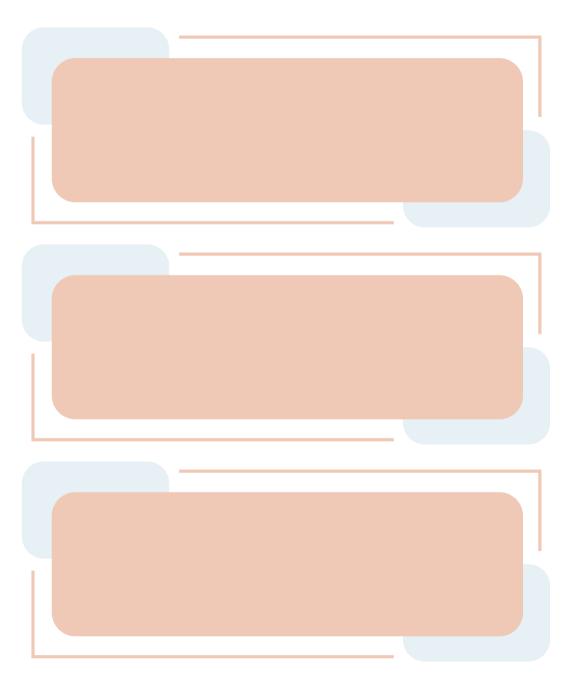




IDEAS ON HOW THEY CAN HELP YOU



IDEAS ON HOW THEY CAN HELP YOU



IF THINGS CONTINUE TO GET WORSE WHICH PROFESSIONALS CAN HELP ME?

NAME - ROLE AND NUMBER



NAME - ROLE AND NUMBER



IF THINGS CONTINUE TO GET WORSE WHICH PROFESSIONALS CAN HELP ME?

NAME - ROLE AND NUMBER



NAME - ROLE AND NUMBER



IF I FEEL WORSE OR NEED HELP OUT OF OFFICE HOURS WHO CAN I CONTACT

ORGANISATION AND NUMBER



ORGANISATION AND NUMBER



IF I FEEL WORSE OR NEED HELP OUT OF OFFICE HOURS WHO CAN I CONTACT

ORGANISATION AND NUMBER



ORGANISATION AND NUMBER



IN EMERGENCY CALL 999 ALSO PLEASE NOTIFY THE FOLLOWING PEOPLE

NAME - RELATIONSHIP AND NUMBER





IN EMERGENCY CALL 999 ALSO PLEASE NOTIFY THE FOLLOWING PEOPLE

NAME - RELATIONSHIP AND NUMBER





IF I HAVE TO GO TO HOSPITAL THESE ARE MY EXPRESSED WISHES

MY DETAILS
NAME, DATE OF BIRTH AND ADDRESS



MEDICATION AND ALLERGIES



IF I HAVE TO GO TO HOSPITAL THESE ARE MY EXPRESSED WISHES

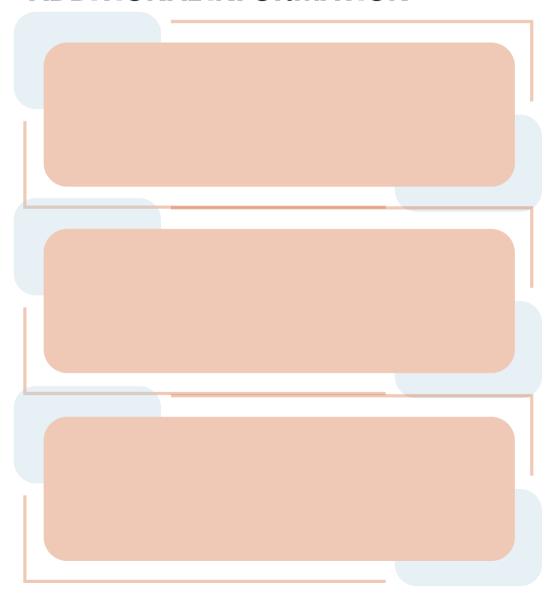
NEXT OF KIN
NAME AND CONTACT DETAILS



PETS AT HOME - WHO SHOULD CARE FOR THEM

IF I HAVE TO GO TO HOSPITAL THESE ARE MY EXPRESSED WISHES

ADDITIONAL INFORMATION



IF I HAVE TO GO TO HOSPITAL THESE ARE MY EXPRESSED WISHES

ADDITIONAL INFORMATION



SIGNATURE

DATE