



Crisis Card Worksheet

Your Full Name: Date:

Name On Card: Pronouns:

My Condition: Age:

Please Do:

Please Do Not:

Emergency Contact: Number:

Relationship:

Emergency Contact: Number:

Relationship:

Emergency Contact: Number:

Relationship:

Other Information:

Instructions: Fill out worksheet with only the information you are comfortable handing to a stranger if you are in crisis. When completed send to info@ripplect.org. If you need assistance filling out this form please reach out to us, a clinician, or trusted friend. If needed we can set up a Zoom session for you to get this processed and to you as soon as possible. Ripple takes the privacy of your medical information seriously, we follow all HIPAA guidelines.

(Please Note: Crisis Cards are available to any current resident of Connecticut.)