Recap of our discussion and plans:

Safety Considerations

| Patient Care Plan | | | | | | Name: | | | | | |
|---|--|--|----------------------|---------------------------|--|--|------------|-------------|-------------|---------------|--|
| Post-Traumatic Stress Disorder | | | | | | Date: / / | | | | | |
| Clinician [™] | М | | | | | | | | | | |
| p of ou | r discussion | and plans: | | | | | | | | | |
| Your d | liagnosis is: | | | | | | | | | | |
| | | medication below. I | | | | d side ef | fects that | t concern | you, cont | act us to | |
| You w | ere offered a refe ere offered a refe | rral for a psychiatris rral for psychothera | t; pleas py; plea | se contact ase contact | | | | | | | |
| Let us | know if you are u | ınable to make a tim | ely app | oointment so | that w | e can as | sist you. | | | | |
| Please | e return <u>here</u> for a | follow-up appt in: | 1 | 2 | 3 | 4 | 6 | 8 | 12 | weeks | |
| Alcoho | ol limit: | NO alcohol | 1 | No mor | e than 1 | I-2 drink | s per day | , | | | |
| You ar | e encouraged to | get regular exercise | three t | times per we | eek. | | | | | | |
| Try to every | • | urs of sleep each ni | ght. Re | egular sleep | and wa | ake time: | s work be | etter, arou | ınd the sa | me time | |
| Sleep | hygiene tips: | | | | | | | | | | |
| Avoid naps more than 30 minutes. | | | | | | Don't watch TV or use computer in bed. | | | | | |
| Avoid alcohol within 4 hours of bedtime. | | | | | Reading in bed helps you relax. | | | | | | |
| Avoid caffeine within 10 hours of bedtime. | | | | | If you keep thinking about things to do, make a list on paper before going to bed. | | | | | | |
| Avoid heavy exercise within 2 hours of bed. | | | | | If you can't sleep within 20 minutes, get up and read something boring (no TV). | | | | | | |
| Avoid nicotine within 4 hours of bedtime. | | | | | Use your bed only for sleep and sex. | | | | | | |
| y Cons | iderations | | | | | | | | | | |
| emergen irritability | cy room. Even in | lal ideation is felt, pl the absence of true evaluation. In partioncy. | suicida | al thinking, | when a | significa | nt increa | se in agit | ation, rest | tlessness, or | |
| : | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Notes:

material.

Medication Dose Instructions

This form is not a diagnostic instrument and is to be used solely within the context of your medical treatment with your physician or other health care provider. The maker and provider of this form disclaims any liability, loss, or risk incurred as a consequence, directly or indirectly, from the use and application of any of this