COLLEGE MENTAL HEALTH **PREPAREDNESS CHECKLIST**

Complete this checklist before the semester begins or whenever the student's school, location, provider, medication, or insurance changes. Keep one copy with the student and one with a trusted support person, if the student agrees.

Important: This worksheet does not diagnose a mental health condition or replace professional care. Call or text 988 for crisis support. Call 911 if someone is in immediate danger or needs urgent medical attention.

BEFORE THE SEMESTER

- ☑ Verify that insurance is active and determine which local providers, pharmacies, hospitals, and urgent care facilities are in network.
- ☑ Identify the campus counseling center, student health center, and after-hours support options.
- ☑ Confirm whether current providers can legally continue care while the student is physically located at school.
- ☑ Confirm how care will work during trips home, internships, study abroad, or a move to another state.
- ☑ Arrange an adequate medication supply and understand the refill process.
- ☑ Transfer prescriptions to an accessible pharmacy, if needed.
- ☑ Discuss how the student will manage sleep, meals, exercise, appointments, and medication routines.
- ☑ Discuss expectations for communication, privacy, and family involvement.
- ☑ Identify at least one trusted person near campus who can help in an urgent situation.
- ☑ Review available academic accommodations and the process for requesting them.







STUDENT INFORMATION

Student Name:

_____

College or University and Campus Address:

_____

Current State of Residence: _____.

Primary Phone Number: _____

Preferred Emergency Contact Name and Phone Number:

_____

Nearest In-Network Urgent Care:

_____

Nearest Emergency Department:

_____

INSURANCE & HEALTHCARE INFORMATION

Insurance Provider: _____

Member ID: _____

Primary Care Provider and Contact Info:

_____

Therapist or Counselor and Contact Info:

_____

Psychiatrist and Contact Info::

_____

Preferred Pharmacy and Address

_____

CAMPUS & COMMUNITY RESOURCES

Campus Counseling Center: _____

After-hours Crisis Line: _____

Student Health Center: _____

Campus Security/Public Safety: _____

Disability Services: _____

Resident Advisor/Housing Liaison: _____

Trusted Local Contact: _____

Transportation Support Option: _____

Student Health Center: _____

MEDICATION PLAN

Medication Name	Dose	When Taken	Refills Who? How Many Left?



MY PERSONAL WARNING SIGNS

Check known warning signs and add signs that are specific to the student.

- ◻ Sleeping much less or much more than usual
- ◻ Skipping meals or a significant change in appetite
- ◻ Withdrawing from friends, family, classes, or activities
- ◻ Repeatedly missing class or failing to complete assignments
- ◻ Stopping medication or missing appointments
- ◻ Increasing use of alcohol, cannabis, or other substances
- ◻ Unusually impulsive, secretive, reckless, or risky behavior
- ◻ Persistent sadness, anxiety, irritability, numbness, or hopelessness
- ◻ Difficulty concentrating, making decisions, or completing basic tasks
- ◻ Self-harm, suicidal thoughts, severe confusion, paranoia, or feeling unsafe
- ◻ _____

_____

WHAT HELPS ME

People who help me feel safe and supported:

_____

Healthy routines that help stabilize me:

_____

Coping strategies that have helped before:

_____

Things that tend to make symptoms worse:

_____

What I want others to say or do when I am struggling:

_____

What I do not want others to say or do:

_____

IF I BEGIN STRUGGLING

- ☐ Tell a trusted person what is happening.
- ☐ Contact my therapist, psychiatric provider, primary care clinician, or campus counseling center.
- ☐ Ask for help with scheduling, transportation, insurance, or communicating with professors.
- ☐ Reduce access to anything I could use to harm myself, with help from a trusted person.
- ☐ Use crisis support immediately if I feel unsafe or cannot manage the situation.

The first person I will contact:

_____

The provider or resource I will contact:

_____

The person who can help me schedule or travel to care:

_____

COMMUNICATION AND FAMILY INVOLVEMENT



How often I plan to check in with family or a support person:

_____

What information I am comfortable sharing:

_____

Situations in which I want family or another support person contacted:

_____

People authorized to receive information, if documented with my provider:

_____

Where relevant releases or authorization forms are stored:

_____

CRISIS PLAN

- ☐ **I have saved 988 in my phone.**
- ☐ **I know the location of the nearest appropriate emergency department.**
- ☐ **I know who can stay with me or remain connected while help is contacted.**
- ☐ **My trusted support person knows when I want them to treat the situation as urgent.**
- ☐ **I understand that email, social media, and routine provider portals should not be used for immediate crisis help.**

My urgent warning signs are:

_____

My immediate support person is:

_____

My nearest emergency department is:

_____

CALL OR TEXT 988
for free, confidential crisis support at anytime.

CALL 911
if someone is in immediate danger or needs urgent medical attention.