

Crisis preparedness form

In case of a crisis, it's a good idea to have the information you need on hand. Take a few moments to fill out the appropriate sections for you or your loved ones, then save this on your phone, print it out or download it to your computer.

Name	
Age	
Date of birth	
Health care providers	
Name of primary care provider	
Contact number	
Name of therapist (if applicable)	
Contact number	
Medications	
Name and dosage of medications	
Mental health history	
History or diagnosis	
Triggers	
Coping techniques	
Emergency contact	
Name	
Contact number	
Relationship	

Self-Funded: Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Fully Insured: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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