

:: BIPOLAR SUPPORT REFERENCES ::

For: _____

Diagnosis: *Bipolar Type 1 / Bipolar Type 2 / Bipolar NOS*

Date of diagnosis: _____

Prescribing doctor: _____ Contact info: _____

Prescribed meds: _____

Pharmacy: _____ Contact info: _____

Talk therapist: _____ Contact info: _____

Care team members:

1: _____ Contact info: _____

2: _____ Contact info: _____

3: _____ Contact info: _____

*National Suicide Prevention Lifeline: 1-800- 273-8255
In case of emergency, call 911.*