PERSONAL CARE NETWORK INVENTORY

A “Personal Care Network” includes the people outside of your professional circles whom you rely on in times of crises, trauma, or disaster. People with strong relationships in areas listed below tend to report feeling more resilient when facing traumatic stress. These care relationships may include family members, friends, mentors, or behavioral wellness providers. In preparation for the next critical incident you may face, take time now to identify persons with whom you need to introduce yourself or strengthen relationship. Note, the listing below is a guide and you do not need to complete all the lines to achieve a healthy relational lifestyle. To feel supported, strive to build or strengthen relationships with at least 7 out of 10 areas below. Store a copy of this worksheet in a place you easily can access when you need it.

At any time, If you are concerned for your health or well-being, please consult with your primary physician or mental health care provider.

Include name and phone number on the lines below

Significant household partner, housemate(s), and / or best friend(s):
1. ________________________________
2. ________________________________
3. ________________________________

Professional mentor or coach providing useful career counsel:
1. ________________________________

Personal physician who you see at least once annually:
1. ________________________________

Personal or family accountant, CPA or financial planner:
1. ________________________________

Spouse / Partner, friend(s) or trainer who supports your regular exercise routines:
1. ________________________________
2. ________________________________

Friend(s) or colleague(s) you connect with in a deep / meaningful way with at least monthly:
1. ________________________________
2. ________________________________
3. ________________________________

Personal counselor or psychotherapist you see regularly or periodically:
1. ________________________________

Life Coach or Personal Mentor:
1. ________________________________

The spouse / partner and friend(s) you have fun with at least monthly:
1. ________________________________
2. ________________________________
3. ________________________________

Lawyer(s) you know and trust to call if needed:
1. ________________________________
2. ________________________________