

PROFESSIONAL CARE NETWORK INVENTORY



A "Professional Care Network" includes the people in 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 colleagues, community leaders, and first responders. 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 network. 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.

People to know personally and foster a strong relationship with:

Include name and phone number on the lines below

Three trauma-informed individuals or counselors you trust:

1. _____
2. _____
3. _____

One or two psychiatrists you trust:

1. _____
2. _____
3. _____

One to three Social Workers you trust (at least one who is in trusted relationship with the local police department):

1. _____
2. _____
3. _____

People & contact information to be aware of in case they are needed:

Include name and phone number on the lines below

Local Sheriff and / or Police Chief:

Local Fire Chief:

Local town or city emergency manager(s):

Local Office of Emergency Management

Include name, address, phone, email, and social media handles:

Name: _____

Address: _____

Phone: _____

Email: _____

Facebook: _____

Twitter: _____

People & contact information to be aware of in case they are needed:

Include name and phone number on the lines below

Three lawyers you trust:

1. _____

2. _____

3. _____

Three accountants, CPAs, or financial planners you trust:

1. _____

2. _____

3. _____

Local VOAD Chair:

Include name, address, phone, email, and social media handles:

Name: _____

Address: _____

Phone: _____

Email: _____

Facebook: _____

Twitter: _____
