

The Ulysses Agreement For:
A Care, Treatment and Personal Management Plan

Name:
(Plan 1) Developed,

Review date

This is an agreement between the following people and myself –
AND

Name:	Relationship:	Phone:	Email:

They all have agreed to be members of my support team and to follow the guidelines set out below, to the best of their ability.

Purpose:

The purpose of this agreement is to provide a clear set of guidelines for actions to be taken by my support team if I exhibit any signs of my illness as outlined below. I appoint _____, as supervisors of this agreement to ensure that, as far as possible, it is completely implemented. The primary purpose of this agreement is to ensure that my child/ren, _____, will be properly cared for with the least amount of interference in their daily routine. My request is that support be given to my child/ren and myself so that I can continue to care for them at home. However, I understand that may not be possible, and I trust that the people I have named to make decisions, if necessary, for the care of my children will follow the outlined plan.

Diagnosis:

My early symptoms:

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Strengths:

Plan of Action

Upon the onset of some of the symptoms of my illness as detailed above, my support team should take the following actions:

- There should be open communication between the members of my support team. Any member of my team should speak to me first about his or her concerns, and then contact _____ and _____.
- The main purpose of this advance plan is to ensure the safety and well being of _____ and myself. I also wish to focus on having a plan that allows me to care for my son with supports until such time that I can no longer meet his needs as determined by myself and my Ulysses team.

The following actions should then be taken:

1. My mental health case manager, team doctor, _____ and I will meet for an assessment of my mental status. Adjustments to medications and a care plan will be established.
2. The team will provide increased support through more frequent contact and advocating for additional needed services.
3. If early warnings signs are exhibited and the support team identify that there is a concern for me, one member of the team will support me as I plan and attend a visit with my _____ to adjust my medications
4. If I cancel or miss appointments with my mental health case manager _____ she will attempt to complete a home visit with me as this could signify that I am moving into an unwell state

Medication

As long as I remain stable, medications will continue to be dispensed to me on a monthly basis. Should I exhibit any symptoms of illness, this agreement will be reviewed.

List of current Medications as _____

Medical Records

I authorize my case manager and doctor to discuss my mental status, current functioning and any other medical information required for decision making with any member of my support team, or with any other person responsible for my care.

Cancellation

As a result of my illness, I might attempt to cancel this agreement. I wish to cancel this agreement only in the following way:

1. I will inform my case manager or doctor at the Mental Health Team that I want to revoke this agreement.
2. My own team psychiatrist will assess me. The purpose of this assessment is to ensure that I am not showing any symptoms of my illness. I would like another member of my support team to be present. The psychiatrist may consult with another doctor.
3. The case manager and I will inform members of my support team of this revocation in writing.

I expect this cancellation to take approximately two months. Until this process is complete, I want this agreement to remain in place.

Team Consent to Exchange Confidential Information

I understand the principles and codes of conduct/ethics and confidentiality guidelines surrounding the Ulysses process. I agree to take part in the Ulysses process, knowing that I may discontinue my involvement with the team at any time. I understand that in order for the team process to work most effectively, it is necessary for all relevant information regarding _____ to be shared among members of the team. The purpose of the exchange of information is to allow the team members to plan services and respond to the needs of _____. Therefore, I hereby give my consent to be a part of the team process. In so doing, I recognize that my full participation and cooperation in the team process is valued and expected.

<i>Name:</i>	<i>Signature</i>	<i>Date</i>

Consent is valid for a period of one year

From:

**Addendum to the Advance Plan
Information re:**

- Born:
- Personal Health # (Care card):
- S.I.N. #
- Family Doctor:

Friends

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Medical concerns (Allergies, medications, physical issues):

Daily routine (Curfew, bedtimes, snacks, after school, homework)
Monday thru Friday

Weekends

Special Events, Birthdays and occasions (culture, spiritual, family)

School or work

Free time & hobbies

How my child dealing with their feelings

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Relationships with siblings

Professional involved

Past

Current