Safety Plan Worksheet





Purpose: Providers and patients complete Safety Plan together, and patients keep it with them

Step 1. Warning signs (that I might be headed toward a crisis and	d the Safety Plan should be used):
1.	
2.	
3.	
4.	
Step 2. Internal coping strategies (things I can do to distract from	n my problems without contacting another person):
1.	
2.	
3.	Colon of the Control belongs to all be Many
Step 3. People, places and social settings that provide healthy d	istraction (and help me feel beffer):
1. Name and phone number:	
2. Name and phone number: 3. Place:	
4. Place:	
Step 4. People I can contact to ask for help (family members, fri	ends and co-workers):
1. Name and phone number:	
2. Name and phone number:	
3. Name and phone number:	
4. Name and phone number:	
Step 5. Professionals or agencies that can help me during a crisis:	
Clinician/Agency (Name, phone, pager, emergency contact	number)
Clinician / A goney / Name, phone, pager, emergency contact	numb or l
Clinician/Agency (Name, phone, pager, emergency contact	nomber)
Local Emergency Department (Name, phone number, location)	n/address)
Other (Name, phone, pager, emergency contact number)	
Military/Veterans Crisis Line:	National Suicide Prevention Lifeline:
Dial 800-273-TALK (8255), press 1 for military, or text	Dial 800-273-TALK (8255) or live chat at
838255 or live chat at http://militarycrisisline.net for 24/7 crisis support.	https://suicidepreventionlifeline.org for 24/7 crisis support.
Step 6. Making my environment safe (plans for removing or limiting access to lethal means):	
1.	
2.	
3.	
4.	
Step 7: My reasons for living (things that are most important to m	
1.	4.
Step 7: My reasons for living (things that are most important to m 1. 2. 3.	

