

# Safety Plan

Patient Name:

Date:

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>	
1.	
2.	
3.	
<b>Step 2: Internal coping strategies- Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>	
1.	
2.	
3.	
<b>Step 3: People and social settings that provide distraction:</b>	
1. Name	Phone
2. Name	Phone
3. Place	4. Place
<b>Step 4: People whom I can ask for help:</b>	
1. Name	Phone
2. Name	Phone
3. Name	Phone
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
1. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
2. Clinician Name	Phone
Clinician Pager or Emergency Contact #	
3. Local Urgent Care Services	
Urgent Care Services Address	
Urgent Care Services Phone	
4. Suicide Prevention Lifeline Phone: 1-800-237-TALK (8255)	
<b>Step 6: Making the environment safe:</b>	
1.	
2.	

The one thing that is most important to me and worth living for is: