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 ar | 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. | |
| Step 3. People, places and social settings that provide healthy of | distraction (and help me feel better): |
| 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, fr | 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 cris | is: |
| Step 5. Professionals or agencies that can help me during a cris Clinician/Agency (Name, phone, pager, emergency contact | |
| Clinician/Agency (Name, phone, pager, emergency contact | number) |
| | number) |
| Clinician/Agency (Name, phone, pager, emergency contact | number) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact | number) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact | number) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location) | number) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: | number) number) on/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) | number) number) on/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st | number) number) nn/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st Step 6. Making my environment safe (plans for removing or limitation) | number) number) nn/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st | number) number) nn/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st Step 6. Making my environment safe (plans for removing or limital) | number) number) nn/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st Step 6. Making my environment safe (plans for removing or limit 1. 2. | number) number) nn/address) |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st Step 6. Making my environment safe (plans for removing or limital) 2. 3. | number) numbers) pn/address) upport. ing access to lethal means): |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st Step 6. Making my environment safe (plans for removing or liming) 1. 2. 3. 4. Step 7: My reasons for living (things that are most important to meaning) | number) number) numbers) numbers) numbers) numbers) numbers) numbers) numbers number n |
| Clinician/Agency (Name, phone, pager, emergency contact Clinician/Agency (Name, phone, pager, emergency contact Local Emergency Department (Name, phone number, location Other (Name, phone, pager, emergency contact number) Military/Veterans Crisis Line: Dial 988, press 1 for military, or text 988 for 24/7 crisis st Step 6. Making my environment safe (plans for removing or limits) 1. 2. 3. 4. | number) numbers) pn/address) upport. ing access to lethal means): |

