

My Safety Plan

Triggers and warning signs that tell me when to use my plan

Thoughts, feelings, behaviors or experiences that have been or could become dangerous (Examples: feeling tense, thoughts of dying)

Warning signs	that others	can see tha	t show them	I need help
---------------	-------------	-------------	-------------	-------------

(Examples: Scared face, clenched fists)

Reaso	ons for living
Things	to look forward to (Examples: Be with family/friends/pets, life goals)
1.	
2.	
3	

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

Coping strategies that I can do on my own to safely feel better

Things that take my mind off my problems (Examples: Practice relaxation skills, listen to calming music)

Coping statements

Positive self-talk.

1.	
2.	
3.	

People/places/activities that provide distraction:

Making my environment safe

Ways to reduce the risk of harm in places that I spend the most time with the help of a designated, responsible family member, friend or agency (Examples: Preventing access to sharp objects, weapons, medications and/or illegal substances).

Examples: Parent, grandparent, or trusted adult.		
1. Name	Phone Number	
2. Name	Phone Number	
3. Name	Phone Number	
Professionals / Agencies that I can call fo	r help and to feel safe	
1. Name	Phone Number	
2. Name	Phone Number	
3. Name	Phone Number	
Emergency Room:		
Phone/Address:		
Emergency Room:		
Phone/Address:		
Suicide Prevention Lifeline Phone: 1-800-273-8255	Crisis Text Line: Text HOME to 741741	
l have moutisingted in the davelanment of this safety.	when with my mantal basith avanidar.	
I have participated in the development of this safety		
Recipient Signature:		
Guardian Signature:		
Provider Signature:	Date:	

FOR ANY SAFETY CONCERNS, CALL 911 OR GO TO NEAREST EMERGENCY ROOM.

Cc: Medical Record; Supportive others as designated