

# 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 the Safety Plan should be used):

1.	
2.	
3.	
4.	

## Step 2. Internal coping strategies (things I can do to distract from my problems without contacting another person):

1.	
2.	
3.	

## Step 3. People, places and social settings that provide healthy 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, friends 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/Agency (Name, phone, pager, emergency contact number)  
\_\_\_\_\_
- Local Emergency Department (Name, phone number, location/address)  
\_\_\_\_\_
- Other (Name, phone, pager, emergency contact number)  
\_\_\_\_\_



### Military/Veterans Crisis Line:

Dial 800-273-TALK (8255), press 1 for military, or text 838255 or live chat at <http://militarycrisisline.net> for 24/7 crisis support.

### National Suicide Prevention Lifeline:

Dial 800-273-TALK (8255) or live chat at <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 me and worth living for):

1.		4.	
2.		5.	
3.		6.	

