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Safety Plan

Date:

Next review date:

Client Name:

Client Phone:

Therapist Name:

Therapist Phone/Email:

Psychiatrist:

Psychiatrist Phone/Email:

- 1. Warning Signs** (thoughts, images, moods, situation, behavior) that a crisis may be developing:

- 2. Internal Coping Strategies** -- things I can do to take my mind off my problem without contacting another person (relaxation technique, physical activity, etc.:

- 3. People and social settings that provide distraction:**

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4. People whom I can ask for help:

5. Professionals or agencies I can contact during a crisis:

National Suicide Prevention Lifeline	800.273.TALK
NYC WELL 65173	888.NYC.WELL or Text "WELL" to
Substance Use/Addiction and Mental Health	800.662.HELP
Trans Lifeline	877.565.8860
Other:	

6. Making the environment safe (If this is a suicidal crisis, asking client which means they would consider and collaboratively identifying ways to secure or limit access to lethal means):

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