

Safety Plan

Immediate reasons for living:

Long term reasons for living:

Signs I might be starting to feel worse:

Environments that make me feel safe:

Social setting/s that provide distraction:

Things to avoid, in order to keep me safe

Immediate:

Long term:

Activities I can use to calm me

Immediate:

Long term:

Internal copying strategies I can use

Immediate:

Long term:

Signs I need to contact someone:

People whom I can ask for help:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Professionals whom I can contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Emergency/crisis contacts:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Immediate goals/aims/dreams:

Long term goals/aims/dreams: