

SAFETY PLAN (Not to be filled out, but signed below)

(Read and Sign the Bottom to Assure You Understand the Safety Plan)

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

- 1. _____
- 2. _____
- 3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

- 1. _____
- 2. _____
- 3. _____

Step 3: People and social settings that provide distraction:

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____
- 3. Place _____
- 4. Place _____

Step 4: People whom I can ask for help:

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____
- 3. Name _____ Phone _____

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

- 1. Clinician Name _____ Phone _____
- Clinician Pager or Emergency Contact # _____
- 3. Local Urgent Care Services _____
- Urgent Care Services Address _____
- Urgent Care Services Phone _____
- 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

- 1. _____
- 2. _____

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Signature of Clinician _____
Date

Print Clinician's Name

***Turn into Thomas Aken Room 141D**
SIUC Clinical Center Policies and Procedures
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