Client Name:	Date:
	Safety Plan
Making the Environment Safe (what I ca	n do to make sure I am in safe situations)
1	2
3	4
Identifying Warning Signs ("at risk" time depressed/irritable mood, and/or other	s for having suicidal thoughts, desire to self-harm, desire to harm others, unsafe behavior)
1	2
3	4
"On My Own" Coping (individual strateg another person)	ies I can use to manage my thoughts, feelings, and behavior without contacting
1	2
3	4
"With Someone" Coping (things I can do settings that provide distraction)	with someone else to manage my thoughts, feelings, and behavior or social
1	2
3	4
"Tell Someone" Coping (people I would	go to for help in managing my thoughts, feelings, and behavior)
1	2
3	4
My reasons for living	
1	2
3	4
It may be necessary to seek emergency include:	psychological services and/or emergency medical services. Some options

(List other facilities in area)

• Calling 911 or going to the nearest emergency room

If you are in **crisis**, please **call** the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or contact the Crisis Text Line by **texting TALK to 741741.**