

Patient Safety Plan

Today's Date: _____

Patient Name: _____

DOB: _____

1. Did family, friends, and/or caregivers of the patient participate? Yes No

If yes, list name of those involved: _____

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

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

4. Instead of harming myself/others here are some things I can do (COPING SKILLS):

5. Steps I need to take to make my environment safe:

6. The one things that is most important to me and worth living for is:

7. These are important numbers for me to always have available and use when I need to. I will call one or more of these people when/if I start to feel like hurting myself. (Write names and phone numbers)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

8. Professionals or agencies you can contact during a crisis:

Therapist: _____ Phone: _____

Local Hospital Address: _____ Phone: _____

Journeys in Mental Health & Wellness (919) 374-7283

Suicide and Crisis Lifeline **Call or Text "988"**



There is hope.

