

## Mental Health Safety Plan

<b>Full Name:</b>	<b>Nickname:</b>
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<b>Pronouns:</b>	<b>Guardian:</b>
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<b>Primary Address:</b>	<b>Phone:</b>
<b>City/State/Zip:</b>	<b>Alt Contact:</b>

<b>2nd Address:</b>	<b>Phone:</b>
<b>City/State/Zip:</b>	<b>Alt Contact:</b>

<b>Primary Dr Name/Organization:</b>	<b>Phone/Contact Info:</b>
<b>Psychiatrist Name/Organization:</b>	<b>Phone/Contact Info:</b>
<b>Therapist Name/Organization:</b>	<b>Phone/Contact Info:</b>
<b>Other Mental Health Professional:</b>	<b>Phone/Contact Info:</b>

## Personal Safety Plan

**When my behavioral health symptoms are higher, here's what I may be thinking/doing:**

1.

2.

3.

**These are things that help me when I am upset, or things that make me feel better:**

1.

2.

3.

# Personal Safety Plan

Are there medical issues you would like your mental health practitioner to be aware of?

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If you have an interaction with law enforcement/EMS, what do you want them to know?

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## People to involve if I feel unsafe:

Name:	Contact Info:

**What does it look like when I am doing well?**

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**Warning signs/triggers (thoughts, feelings, behaviors) that indicate I need to review my safety plan:**

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**Things I can do to take my mind off of my problems - interventions or ways others can help me prevent a crisis from escalating:**

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**How to make my environment safe:**

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**Who to share this plan with:**

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