Suicide Prevention Safety Plan

As you fill in this form, focus on your own needs and what would be helpful to you in times of crisis. Your healthcare provider may also review with you to discuss ideas.

The one thing that is most important to me and worth living for is: ____________________________

Warning signs
Signs that a crisis might be developing. What are some thoughts, daydreams, wishes, and so on that signal danger for me?

• ____________________________
• ____________________________
• ____________________________

Internal coping strategies
What takes my mind off my problems? Relaxation techniques, physical activity, hobbies, something else?

• ____________________________
• ____________________________
• ____________________________

People and social settings that can distract me
Who can I call on to distract me? Where can I go?

• Name: ____________________________ Phone: ____________________________
• Name: ____________________________ Phone: ____________________________
• Name: ____________________________ Phone: ____________________________

People who can help
Who can I call when I need help? Friends, family, someone else?

• Name: ____________________________ Phone: ____________________________
• Name: ____________________________ Phone: ____________________________
• Name: ____________________________ Phone: ____________________________

Professionals or agencies I can contact during a crisis
Who can I call for help? My doctor, a mental health provider, a suicide hotline?

• Clinician name: ____________________________ Phone: ____________________________ Pager or emergency #: ____________________________
• Clinician name: ____________________________ Phone: ____________________________ Pager or emergency #: ____________________________
• Local urgent care services: ____________________________ Phone: ____________________________
  Address: ____________________________
• Call or text 988 - Suicide and Crisis Lifeline

Making the environment safe
How can I make my environment safer? For example, can I remove guns, medications, and other items?

• ____________________________
• ____________________________