Patient Safety Plan

Name: _____ Date Completed: _____

Collateral/Family: _____ Clinician: _____

Step 1: Triggers & Stressors (behaviors, situations and circumstances that put you at emotional risk):

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____

Step 3: 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 4: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 5: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 6: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____

Clinician Pager or Emergency Contact # _____

2. Clinician Name_____ Phone_____

Clinician Pager or Emergency Contact # _____

3. Suicide Prevention Lifeline Phone 1-800-273-TALK (8255) or call Sacramento County Line (916) 368-3111
4. Text "CONNECT" TO 7417415.
5. Call 911 or go to Local Emergency room: _____

Step 7: Making the environment safe:

1. _____
2. _____

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

_____

*** Give copy to client, family members & put copy in chart ****