

# Safety Plan

Immediate reasons for living:

Long term reasons for living:

Signs I might be starting to feel worse:

Environments that make me feel safe:

Social setting/s that provide distraction:

**Things to avoid, in order to keep me safe**

**Immediate:**

**Long term:**

**Activities I can use to calm me**

**Immediate:**

**Long term:**

**Internal coping strategies I can use**

**Immediate:**

**Long term:**

**Signs I need to contact someone:**

**People whom I can ask for help:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Professionals whom I can contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency/crisis contacts:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Immediate goals/aims/dreams:**

**Long term goals/aims/dreams:**