

Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, listen to music, journal, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

- | | |
|---------------|----------------|
| 1.Name _____ | Phone _____ |
| 2.Name _____ | Phone _____ |
| 3.Place _____ | 4. Place _____ |

Step 4: People whom I can ask for help:

- | | |
|--------------|-------------|
| 1.Name _____ | Phone _____ |
| 2.Name _____ | Phone _____ |
| 3.Name _____ | Phone _____ |

Step 5: Professionals or agencies I can contact during a crisis:

- | | |
|---|-------------|
| 1.Clinician Name _____ | Phone _____ |
| Clinician Emergency Contact # _____ | |
| 3.Local Emergency Services _____ | |
| Emergency Services Address _____ | |
| Emergency Services Phone _____ | |
| 4. Colorado Crisis Services: 1-844-493-8255 | |

Step 6: Making the environment safe (lock up medications, remove weapons):

1. _____
2. _____

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