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: ___________________________
- Suicide prevention lifeline phone: **1-800-273-TALK (8255)**

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

- ________________________________________________________
- ________________________________________________________

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