

# Crisis Plan

Name:

Date of Birth:

## Warning Signs

Feelings or body signals indicating a crisis may be developing:

## Coping Strategies

Things I can do to manage the crisis:

## Places

Where to go for safety:

## Contacts

Who I can reach out to when I need help:

Name	Phone Number	Address

Professionals or Emergency Services I can call in a crisis:

<b>Provider Name</b>	<b>Contact Details</b>