

Mental Health Safety Plan

Name: _____

DoB: _____

Mental Health Practitioner: _____

Contact: _____

Warning Signs

1: _____

2: _____

3: _____

My Coping Skills

1: _____

2: _____

3: _____

Support people I can ask for help

1: _____ Phone: _____

2: _____ Phone: _____

3: _____ Phone: _____

Emergency Contacts

1: _____ Phone: _____

2: _____ Phone: _____

3: _____ Phone: _____

4: _____ Phone: _____

5: _____ Phone: _____

6: _____ Phone: _____

How can I make my environment safe?

1: _____

2: _____

3: _____

I will contact my support people when...

I will contact my mental health professional when...

I will contact emergency services when...

Patient Signature: _____

Mental Health Practitioner Signature: _____