

# Mental Health Safety Plan

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

DoB: \_\_\_\_\_

Mental Health Practitioner: \_\_\_\_\_

Contact: \_\_\_\_\_

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## 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...**

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**Patient Signature:** \_\_\_\_\_

**Mental Health Practitioner Signature:** \_\_\_\_\_