NORTHERN MICHIGAN

# SUICIDE PREVENTION ADULT SAFETY PLAN

**PATIENT NAME:** ______________________ **D.O.B.:** ______________________

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, or 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, or 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, or 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)**

## Internal Coping Strategies

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

- ______________________
- ______________________

| | | | |
|---|---|---|---|
| Staff Print Name | Staff Signature | Date | Time |
| RN Print Name | RN Signature | Date | Time |
| | Patient Signature | Date | Time |

ADDRESSOGRAPH

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