

McLaren Print System Order

Order No: 91500
Order Date: 2025-01-13
Order Request Date:
User: Brooke Pearson
Phone: 2316271370

Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson
748 South Main St
Cheboygan, Mi 49721

Brochures
Quantity: 500
Paragon Dept No: 30462
Dept Name: BHU
Company Number:

Order Total Price: 18.00

Item Number: MHCC-631-MNM
Item Description: SUICIDE PREVENTION ADULT SAFETY PLAN
Revision Date: 04/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 2 Hole Top
Poster:
Misc Info:

McLaren Northern Michigan
SUICIDE PREVENTION ADULT SAFETY PLAN
PATIENT NAME: _____ C.O.S.: _____
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 helpline (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 _____

Spec Info: Original Poster Size

