

A PERSONAL SAFETY PLAN

RED FLAGS

I KNOW SOMETHING'S WRONG WHEN I FEEL THIS WAY

- _____
- _____
- _____

WHEN I DO THESE, I FEEL BETTER

PERSONAL COPING STRATEGIES TO TAKE MY MIND OFF THINGS

- _____
- _____
- _____

PLACES TO GO, PEOPLE TO SEE

PEOPLE & PLACES THAT PROVIDE DISTRACTION

NAME _____	PLACE _____
NAME _____	PLACE _____

MY GO-TO FOLKS

MY CONFIDANTS & INNER CIRCLE

NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____

TIME TO CALL THE PROS

CLINICIAN NAME _____	EMERGENCY PHONE # _____
CLINICIAN NAME _____	EMERGENCY PHONE # _____

LOCAL EMERGENCY SERVICE _____
EMERGENCY SERVICES PHONE _____
EMERGENCY SERVICES ADDRESS _____

THINGS I NEED TO DO TO BE SAFE

STEPS TO MAKE MY ENVIRONMENT OKAY

- _____
- _____
- _____

