

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

- _____
- _____
- _____

