

Suicide Safety Plan

Date:

Step 1: Recognize warning signs

These signs indicate that I may start to get suicidal:

1. _____
2. _____
3. _____
4. _____
5. _____

Step 2: Use internal coping strategies

These activities may help me distract myself from thoughts and suicide:

1. _____
2. _____
3. _____
4. _____
5. _____

Step 3: Distract from the crisis with social contacts

These social activities and people may help me distract myself from thinking about suicide (include community groups, recovery groups, church groups):

1. _____
2. _____
3. _____
4. _____
5. _____

Step 4: Contact family or friends who may offer help

These are people I would be willing to talk to about my thoughts of suicide in order to help me stay safe:

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Step 5: Contact professionals and agencies for help

These are resources I can utilize if I need further aid in carrying out my safety plan:

Therapist:	720-935-2663
Primary care physician:	_____
Psychiatrist:	_____
24-hour emergency treatment:	Call 911
Denver Springs Hospital:	720-316-6879

I, _____, have discussed this safety plan with my therapist, _____, on ___/___/___ and agree to use it if the need arises.

Patient Signature

Therapist Signature