

**American Psychiatric Group, P.A**

Safety Plan

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to always maintain my safety. If I am feeling unsafe, I agree to call 911 or go the nearest emergency room, immediately. I promise not to harm myself and/or others.

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician/Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Some Helpful Items**

Triggers that I need to be aware of:

Ways I can avoid, distract myself from, or otherwise safely deal with triggers:

Internal coping tools (Prayer, meditation, grounding strategies, etc.):

External coping tools (Writing, listening to music, making art, going for a walk, etc.):

People I can ask for help:

Professionals I can ask for help:

Biggest reason for remaining safe: