Suicide Prevention Adult Safety Plan

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, 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, 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, a suicide hotline?

• Clinician name: _____________________________ Phone: _____________________________ Pager or emergency #: _____________________________
• Clinician name: _____________________________ Phone: _____________________________ Pager or emergency #: _____________________________
• Local urgent care services: _____________________ Phone: _____________________________ Address: ________________________________

• Suicide prevention lifeline phone: 1-800-273-TALK (8255)

Making the environment safe
How can I make my environment safer? For example, can I remove guns, medications, and other items?

• ____________________________________________
• ____________________________________________


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