



Referral Recommendations and Crisis Safety Plan

Patient Name _____ Assessment Date _____

Referral Recommendations

- Agency/Organization: _____
 Address: _____ Phone: _____
 Contact Person: _____ Appointment: _____
- Agency/Organization: _____
 Address: _____ Phone: _____
 Contact Person: _____ Appointment: _____
- Other: _____

Reminders

- Take Medications as Ordered – Do Not Change the Dose or Time Unless Directed by Your Physician.
- If you Experience Side Effects from your Medications – Notify your Outpatient Provider or PCP
- Ensure that Any Weapons, Lethal Medications or Other Means of Self-Harm are Secured by Family/Guardian/Friend to Prevent Access to Them.
- Make and/or Keep all Recommended Appointments as Scheduled
- Other _____

Contact for Assistance

- **911**
- National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
 1-800-273-TALK (8255)
- Other-

FOR MORE INFO ON SUICIDE PREVENTION:
WWW.SPRC.ORG
1-800-273-TALK (8255)
FOR MORE INFO ON HOME SAFETY:
WWW.MEANSMATTER.COM

My Crisis Safety Plan

Triggers or Stressors (Situations or stimulus that put you emotionally at risk)	1.	My Coping Strategies (Things I can do when I am triggered or stressed to help me remain safe)	1.
	2.		2.
	3.		3.
Warning Signs (Behaviors I show when I am triggered or stressed. My support system should know to help me when they see these)	1.	My Goals for Healthy Behavior (i.e. Diet, Exercise, Sleep, Work)	1.
	2.		2.
	3.		3.

The Referral Recommendations and this Crisis Safety Plan has been reviewed with me and I understand them.

Patient Signature: _____ Date: _____

Support Person Signature: _____ Date: _____

Clinician Signature: _____ Date: _____