



# Safety Plan

**Patient Name:** \_\_\_\_\_ **Consumer #** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Contact/ Provider Information**

Primary Care Clinician: \_\_\_\_\_ phone: \_\_\_\_\_

Depression Clinical Specialist: \_\_\_\_\_ phone: \_\_\_\_\_

Other: \_\_\_\_\_ phone: \_\_\_\_\_

**The purpose of this document is to create a written plan of what to do if a mental health crisis, including thoughts of suicide, were to occur. Once you have completed this document with the depression care manager, we will share it with your doctor and your parent.**

**Personal Warning Signs – what are the main things that cause stress**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**What helps you feel better when you are feeling stressed**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**List three adults (with phone numbers) who you can call when you are feeling stressed**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**If you had thoughts of hurting yourself, which adults could you talk to?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Emergency Numbers:**

King County Crisis Line (24 hours)	1-866-427-4747
Teen Link Help Line (6-10pm daily)	1-866-833-6546

**Non-Emergency Group Health Numbers:**

Consulting Nurse (24 hours)	1-800-297-6877
Behavioral Health (business hours)	1-888-287-2680