



SAMPLE CLINICAL DOCUMENTATION

Safety Plan



<p>Step 1: Warning Signs Thoughts, Images, mood, situation that a crisis may be developing</p>	<ul style="list-style-type: none"> - Negative mood that I can't shake - Thoughts of my family would be better off without me - Multiple "bad things" happening in a short period - Not wanting to get out of bed - Fights with partner
<p>Step 2: Internal Coping Strategies Things I can do to take my mind off my problems without contacting another person</p>	<ul style="list-style-type: none"> - Writing and playing music - Drawing - Taking dog, Charlie, for walks - Grounding and deep breathing exercises - taking a shower
<p>Step 3: People and Social Settings that provide distraction</p>	<ul style="list-style-type: none"> - Mom: Cathy Doe 404-555-5555 - Mentor: Jane Smith 111-222-2323 - Piedmont Park - Gym
<p>Step 4: People whom I can ask for help during a crisis</p>	<ul style="list-style-type: none"> - Partner: John Example 111-222-2323 - Best friend: Robby Jones 404-333-1234
<p>Step 5: Professionals or Agencies I can contact during a crisis</p>	<ul style="list-style-type: none"> - Therapist: Lisa Example, LPC (123) 456-7891 - Local Emergency Department: St. Johns ER (123) 222-2222, 407 N. Main Street, City, State - Suicide and Crisis Lifeline: 9-8-8 - Rula patient crisis hotline
<p>Step 6: Making the environment safe Things I can do to remove means of harm</p>	<ul style="list-style-type: none"> - Ask my partner to lock away sharp objects - Not keep alcohol in the home - keep firearms in a locked safe and store ammunition in a separate location - have roommate or partner admin medications or keep only recommended amounts easily retrievable

Signature

Provider Name	<i>Jane Example</i>
Date	<i>6/21/2024</i>
Time	<i>3:00pm</i>
License Type	<i>LCSW</i>