

ADULT CYSTIC FIBROSIS CENTER

Safety Plan for: _____

If I begin to have thoughts and intentions of hurting or killing myself, or if I am at risk of being in an unsafe situation, I will take the following steps:

1. Things I can do to calm down or keep myself safe:
2. Talk about my feelings with someone that I trust. Specifically, I can talk to the following people:
3. I or someone else will call (_____) at (_____).
4. If I am unable to find someone to talk with, I can contact:
My therapist/psychiatrists if I have one at: _____.
The Crisis Hotline at 1-800-273-TALK (8255).
Crisis Services at _____.
5. If I am not able to stay safe, then I will go immediately to the Psychiatric Emergency Program at _____. The address is _____
_____. The phone number there is _____. **Enter appropriate information before printing off plans.**
6. Patients/Families should be sure that all firearms are either removed from the home or are locked away and secured. Access to medications and sharp objects (e.g., kitchen knives) should also be monitored and restricted.
7. Families should also be sure patients are not left alone if they are having suicidal thoughts.
8. Other considerations:
9. I agree to follow the above actions as necessary to maintain my safety:

Patient: _____

Date: _____

Physician: _____

Date: _____