



Your name: _____

Date of birth: _____

the purpose of therapy is wellness

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
 Clinician Pager or Emergency Contact # _____
Clinician TAX ID: 922085931 Clinician Oregon License: C5565 Clinician Washington License: LH60280509
2. Clinician Name _____ Phone _____
 Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
 Urgent Care Services Address _____
 Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is: _____

Today's date: _____