

**Crisis/Safety Plan**

Client #:

Client Name:

Date:

Emergency Contact Name / Relationship <i>(update in Pimsy)</i>	Telephone Number

Describe what triggers a crisis for you:

  
  

Describe what a crisis feels like for you:

  
  

What is helpful (identify the strategies and techniques that may be utilized to stabilize the situation):

  
  

**Who is helpful**

Name	Relationship	Contact Number

**Who/What is not helpful**

Have you ever called a Crisis Program? yes no  
 Have you ever been in a crisis unit? yes No  
 Would you be interested in meeting with a crisis worker in your area to develop crisis plan? yes no  
 Do you have a crisis plan on file at your local crisis provider? yes no  
 Do you have a mental health advanced directive? (If so, please attach) yes no

**STATEWIDE CRISIS: 1-888-568-1112      LOCAL POLICE: 911      LOCAL FIRE: 911**  
**STATE POLICE: 1-800-482-0730      SUICIDE & CRISIS LIFELINE: 988      WABANAKI CARELINE: 1-844-844-2622**  
**POISON CONTROL: 1-800-442-6350      OTHER:**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Printed Name and Credentials: \_\_\_\_\_