

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Warning Signs:** The thoughts, images, mood, situation, or behavior that tell me a crisis may be developing include:

\_\_\_\_\_

**Coping Strategies:** Things that I can do on my own to help me deal with a crisis. For example: ways to distract myself, things I can do to relax, phrases I can tell myself:

\_\_\_\_\_

**Getting support from others:** Places I can go or people I can call to distract me, keep me company, help me feel better, or get support:

\_\_\_\_\_

**People to call when in a crisis:** Specific people I can call when I need help. Their phone numbers are:

\_\_\_\_\_

**Professionals or organizations to call in crisis:**

My Western Clinician (s): \_\_\_\_\_

Nearest Emergency or Urgent Care:

Address:

Phone:

**WPCS After Hours Crisis Line: 503-727-3764**

National Help Line: 1-800-923-HELP (4357) or 1-800-273-TALK

National Suicide Hotline: 1-800-SUICIDE (1-800-784-2433)

Oregon "Warm Line": 1-800-698-2392

Other organizations: \_\_\_\_\_

**Making the environment safe:** Things I do to make the environment safe for me and others:

\_\_\_\_\_

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

\_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_