

Client Name:

Date:

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

[Redacted area for Warning Signs]

**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:

[Redacted area for Coping Strategies]

**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:

[Redacted area for Getting support from others]

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

[Redacted area for People to call when in a crisis]

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

My Western Clinician (s):

[Redacted area for My Western Clinician (s)]

Nearest Emergency or Urgent Care:

Address:

Phone:

[Redacted area for Emergency/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:

[Redacted area for Other organizations]

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

[Redacted area for Making the environment safe]

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

[Redacted area for The one thing that is most important to me and worth living for is:]

Client Signature

Date