

Appendix S: Example: Safety Plan Women’s Program



Client/Patient
Id Label

SAFETY PLAN WOMEN’S PROGRAM

Client/Patient Name: _____ **Health Record #:** _____
(last name, first name)

Unit/Clinic/Service: _____

When I experience...	I have these body sensations, thoughts, and/or feelings...	...So I do this to stay safe and feel better	Resources
Mild Distress			
Moderate Distress			
Severe Distress			

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Chart Tab: Assessments/ Plans

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APPENDICES