

# 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
<b>Mild Distress</b>			
<b>Moderate Distress</b>			
<b>Severe Distress</b>			

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Chart Tab: Assessments/ Plans

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APPENDICES