



A Path to Wellness Safety Plan

The purpose of this plan is to think broadly your wellness and safety, and choices you can make to be well and stay safe. This can involve aspects of your life that are causing harm, and can also be about things you to simply take care of yourself.

General safety

What are things that may be causing harm in your life? (People, places, behaviors...)

What are ways you can put more space between you and the things that are causing harm in your life?

Are there choices you want to make to be healthier?

Emotional & Mental Health

Part 1: Wellness

Describe yourself when you are feeling well:

What are your strengths or things you like about yourself?

What are things you do to stay healthy and feeling well?

Describe yourself when you are not feeling well:

What are things you do when you are not feeling well?

Part 2: Symptoms

Describe symptoms that would indicate to yourself that you need to seek help:

Part 3: Supporters

List people in your life:

1. Name: _____ Phone _____

2. Name: _____ Phone _____

3. Name:_____ Phone _____

There may be health care professionals or family members that have made decisions that were not according to your wishes in the past. They could inadvertently get involved. We encourage you to list them.

I do not want the following people involved in any way in my care:

1. Name:_____ Phone _____

2. Name:_____ Phone _____

3. Name:_____ Phone _____

Part 4: Medication

List any medications you are currently taking and why you are taking them. Include the name of the doctor and the pharmacy.

List those medications you would prefer to take IF medications or additional medications became necessary, and why you would choose those.

List those medications that must be avoided and give the reasons.

You can help assure that your crisis plan will be followed by signing it in the presence of one witness.

I developed this plan on (date) _____

With the help of _____

Any plan with a more recent date supersedes this one.

Signed _____ Date _____

Witness _____ Date _____

I will review this plan each time there is a change in my situation, which might include: moving to a new location, the serving of legal papers on my abuser, the arrest of my abuser, the release of my abuser, or any other significant change or event which could impact the safety of myself and/or my children.