

LUC CONSUMER SAFETY AND WELLNESS PLAN

(✓) Consumer unable to complete due to _____

What I am like when I am well: _____

Reason(s) I have for living: _____

Please check the appropriate response(s) and provide clarification as needed for each section below:

I will reach out for help when (Warning Signs):

✓ TRIGGERS	✓ THOUGHTS & FEELINGS	✓ BEHAVIORS
My family such as:	I feel out of control	I start to have crying spells
	I think about using	I start to sweat uncontrollably
My friends such as:	I feel sad	Breathing hard
	I feel hopeless	I start yelling
Certain people such as:	I feel angry	I start pacing
	My thoughts are racing	I break objects
Certain noises such as	I want to hurt myself	I punch walls
	I want to hurt others	My eating changes
Certain smells such as:	I have a plan to hurt myself	I can't sleep
	Voices tell me to do things and I can't ignore them.	I'm sleeping all the time
Certain movies/tv shows:	I can't stand how I feel and I want to do something now	I stop taking care of myself
	I think others are out to get me	I stop going to work
Certain objects such as:	I am bothered by thoughts I can't get rid of	I isolate from others
	I feel alone	I stop going to recovery meetings, church, or other activities
Certain websites such as:	I feel scared	I feel tired and have no energy
	I feel panicked and anxious	I use drugs or alcohol

NAME: _____ MILAN ID: _____

✓ TRIGGERS	✓ THOUGHTS & FEELINGS	✓ BEHAVIORS
Other triggers:	Other thoughts:	I start self harming
	Other feelings:	I don't leave my house
		I stop talking to others
		I hurt others
		I don't do things I like
		Other:

(✓) I will help myself by doing the following (Distraction Techniques/ Coping Strategies):

Listen to music	Watch tv/play video games	Tear paper
Read a book	Write/scribble in a journal	Color/ draw/ paint
Exercise	Talk to a spiritual person	Talk with friends
Use mindfulness skills	Take a bath/other self care	Help other people
Attend support/12 step	Play with a pet	Call peer support
Hold Ice cubes	Do a hobby:	
Other:		

I will ask the following people for help:

✓ CONTACT PERSON	CONTACT INFORMATION
Family/Friend:	
Peer Support Person:	
Sponsor:	
Religious/Spiritual Leader:	
Other:	

I will contact the following professionals or agencies in a time of crisis:

✓ PROFESSIONAL/AGENCY	CONTACT INFORMATION
COPES (24 HOURS)	918-744-4800
Tulsa Center for Behavioral Health	918-293-2140

NAME: _____ MILAN ID: _____

✓ PROFESSIONAL/AGENCY	CONTACT INFORMATION
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Crisis Text Line (24 Hours)	Text CREEK to 741741
Spring Creek (24 Hours)	918-216-4999
REACHOUT Hotline	1-800-522-9054
Community Children Shelter and Family Services	1-580-226-1838
Outpatient Provider:	
Other:	

(✓) I will make my environment safer by doing the following:

Secure and remove medications	Remove alcohol/illicit drugs
Remove guns/weapons from home	Other:

Consumer Signature:	Date:	Time:
Witness Signature:	Date:	Time:

NAME:	Facility:
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NAME: _____ MILAN ID: _____