

Date:  
Civi Number:



## My Safe Plan

Self-Soothing Ideas (things that can calm me down and lessen intensity of feelings)

Sense	Specific Activity
Hearing	
Sight	
Smell	
Taste	
Touch	

Things I can do to release my emotions (ways I can express how I feel):

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Things I can do to delay or distract (things I have to concentrate on):

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Date:

Civi Number:

People I can contact:

Name	Contact Information (contact number, email)

Somewhere I feel Safe (This can be imaginary):

Somewhere I feel physically safe (where I won't/can't hurt myself or where I will be looked after):

Anything else I think is important to include: