

4500 N. LEWIS AVE  
SIOUX FALLS, SD 57104

**Patient Name:** Test, Avel  
**DOB:** 03/18/1985 **Sex:** Male / Female

**Facility:** Hospital Name

**F#:** (605) 606-0402 **P#:** (855) 346 7763

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**\*Safety Plan\***

**Can patient complete the Safety Plan?**

Yes

**Warning Signs**

Conflict with others, isolating more often

**Coping Skills**

Going for a walk, talking to a friend, watching Friends Episodes

**Reasons for Living**

Plans for the Future, Spiritual Reasons

**Social Support System**

Sister, Friend John, Pastor

**Crisis and Professional Service**

Call My Doctor  
Call/Text Crisis Hotline: 988

**Safety Plan Collaboration**

Individual agrees to remain clean and sober until crisis passes  
Individual agrees to call and talk to mental health provider, hotline, 911, or other responsible person in case of crisis  
Individual agrees to accept responsibility of this safety plan

**Safeguard Your Home Following these simple steps can help protect you or your family member when experiencing a mental health crisis**

Firearms: Ask a trusted family member or friend to keep firearms until the situation improves.  
Medications: Store all medications in a lock box or locked medicine cabinet. Dispose of unused medications at your local pharmacy.

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**Electronic Signature**

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