



Patient Safety Plan/Agreement

Things I can do to distract myself from my problems or when I feel down (physical activities, relaxation techniques, apps, social settings I can go to, etc):

People who care about me that I can call or go to when I feel overwhelmed (include at least one adult):

Name	Relationship	Phone Number

Professionals or agencies I can contact during a crisis:

Dominion Psychiatric Hospital Intake Line Phone 844-710-6165

Fairfax County Emergency Services- all ages Phone 703-573-5679

Inova IPAC 24/7 Adult assessment (18+) Phone 703-289-7560

Loudoun County Crisis Intervention Phone 703-777-0320

Prince William County Crisis Manassas: 703-792-7800, Woodbridge: 703-792-4900

Fairfax County Mobile Crisis Unit Phone 703-573-5679

-for patients who are barricaded or unwilling to get care and in crisis

Any Emergency Room

(Inova Fairfax Children’s Hospital and Children’s National Medical Center in DC, preferred)

Capital Area Pediatrics provider On-call providers are here 24/7 who can help you determine next steps.

Vienna: 703-938-2244

Ryan Park: 703-723-3201

Falls Church: 703-237-5919

Herndon: 703-860-4200

Sleepy Hollow: 703-534-1000

National Suicide Prevention Lifeline:

1-800-273-TALK (8255)

To Text for help - Text **NEEDHELP** to **85511** for Crisis Text or Text **START** to **678678** for LGBTQ

Trevor Project Lifeline.

I will do one or more of the following items instead of hurting myself:

1. I can talk to my therapist, a family member, or other trusted adult about my feelings.
2. I can do or tell myself some of the things I wrote down on the first page.
3. I can call one of the hotline numbers listed on page 1 or I can call 911
4. I can ask someone to take me to the hospital. If no one is around, I can call 911. The hospital is a safe place where I can get help and can be safe from hurting myself.

By signing this safety plan/agreement in the presence of a clinician, I agree to take positive actions whenever I feel like hurting myself. I will not hurt myself or try to kill myself. I will be near people who can help me or will be able to make a phone call if I need to contact people who can help me.

Patient Signature

Date

Witness/Clinician

Date