



Wellness & Safety Plan

Name: _____ Emergency Contact: _____

Triggers	Early Warning Signs	When Things Are Getting Worse

Triggers ACTION PLAN	Early Warning Signs ACTION PLAN	When Things Are Getting Worse ACTION PLAN



Wellness & Safety Plan

Name: _____ Emergency Contact: _____

Daily Maintenance	<i>If you notice the following signs:</i>	Wellness Tools
	<i>Contact:</i>	
	<i>Medications:</i>	
	<i>It will help me if you:</i>	
	<i>Don't:</i>	
	<i>Medical Conditions:</i>	