|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| Patient: |  |  |
| Clinician: Melinda Bell, NCPPS, SCPSS, CADCI |  |  |
| Parent/Legal Guardian: |  |  |

|  |  |
| --- | --- |
| Warning Signs (drinking/drug use, yelling, throwing things, angry) | |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| What can I do to stay safe? (spend night with a friend, ask friend or family member to spend the night) | |
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| --- | --- |
| Action Plan… (what to do if you still feel unsafe, if violence occurs) | |
| 1. Call 911 | 1. Flee the scene |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Emergency Contacts | |
| Name | Contact |
| 1. Closest Family Member |  |
| 1. Closest friend |  |

**The Salvation Army Center of Hope (704) 348-2560**

**Domestic Violence Helpline (980) 771-4673**

**If you, or someone you know is in immediate danger, please call 911.**