

No Self-Harm Contract

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NO SELF-HARM CONTRACT

I, _____ recognize that keeping myself safe is my responsibility. If I am feeling like harming/killing myself, I will take the following steps first:

Call or speak to:

To make a safer environment, I will:

I will use the following skills:

If I feel I cannot control my urges to harm myself, I will dial 911 or immediately go to a hospital ER for an evaluation. If for some reason I cannot get to a hospital I will call (fill in a local crisis line #) _____ Once I am out of immediate danger, I will call (your Dr., therapist, etc.) _____

This agreement will remain in effect permanently unless I notify _____

your signature

witness signature

Date