

Safety Plan

	Name	Email	Mobile Phone	Office Phone	Home Phone
Patient					
Care Partner					
Health Care Professionals					
	Name		Phone	Email/Address	
Psychiatrist					
Therapist					
HD Physician					
Social Worker					
People to call for help					
Neighbor					
Family Member					
Friend					
Other					
Strategies to keep the home environment safe:					
Strategies to de-escalate a tense situation:					
Items I need to have with me if I leave:					
Things the person with HD might need:					
Emergency contacts for children:					
Emergency Resources					
911: Ask for CIT Trained Officer					
Explain the person has Huntington's disease and request to send the "Information for First Responders"					
Mobile Crisis Service phone #: _____					
Local Crisis Center phone #: _____ Other phone #: _____					