

Safety Statement

I, _____, state that I will not kill myself, attempt to kill myself, or cause intentional harm to myself.

I have discussed and agreed to remove from my possession those things that I could use to harm myself (i.e. guns, knives, pills, other potentiall lethal means).

I will take care of myself by attempting to get enough sleep, eating well and refraining from alcohol or othr drug abuse.

If I have difficulty following the above statements and believe that I might hurt myself, I will seek help at the Family Health Center at (810) 715-4300, the Crisis Center at (810) 257-3740 (24 hour Emergency Hotline), or the nearest Hospital Emergency Room.

These statements are made as part of my health care with my Primary Care Provider, _____.

Signed: _____

Witnessed: _____

Date: _____