Organisation name Site or unit		FORM **Discharge safety plan and follow-up confirmation**	
Document ID	PSY-FRM-004	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · PSY-FRM-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 52.6

1. Purpose

Records the written safety plan and the confirmed follow-up appointment before each psychiatric discharge.

2. How to complete

- Write the safety plan with the patient: warning signs, coping steps and contacts.
- Book the follow-up appointment and confirm it with the patient.
- Record the confirmation and the reminder given.

3. Checks

Check	Entry
Written safety plan given (yes or no)	Yes
Warning signs and contacts recorded	Yes
Follow-up date and time	Yes
Follow-up confirmed with patient (yes or no)	Yes
Reminder given (yes or no)	Yes

4. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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