Activity: Relapse prevention plan

Events or situations that triggered relapses in the past:


Early warning signs that I experienced in the past:


Things that help me when I experience an early warning sign:


People who help me and what I would like them to do:


People I’d like to contact in case of an emergency:


(Source: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services)
Crisis Plan

My crisis plan (what can be done if I am in crisis):

Ways I can relieve stress, regain balance, calm myself or make myself safer:

People I can call (friends, family members, counsellors or other mental health professionals):

Resources I can use (support groups, organizations, etc):

Things I or others can do that I find helpful or keep me safe:

Medications that have helped in the past:

Medications that have not helped:

Types of medication(s) I take:

If I become unable to handle my personal affairs, the following people have agreed to help (for example, look after pets, notify family and workplace, etc):

name and phone number:

what they will do:

(Source: Western New York Care Coordination Program)