

Individual's Name (First / MI / Last):		Record #:	D.O.B.:
Date of Admission:		Date Plan Written:	

- The purpose of the Relapse Prevention / Safety Plan is to help you figure out active ways to stay well, prevent relapse, and avoid crises.
- The Relapse Prevention / Safety Plan is something you and your counselor work on together and with anyone else you identify.
- Preventing relapse helps to keep you moving towards personal life goals.
- The plan is based on your personal needs and can include cultural, religious, and ethnic factors important to you.
- This plan can be shared with others in accordance with your preferences.
- You may want to consider designating someone in your life to be a health care agent or creating some other form of advance directive. Keep in mind that some of the strengths and supports noted in this plan are things you do or utilize to remain feeling well and should be carried over to the IAP and the goals that you are working on.

What are your early warning signs that things are too stressful, deteriorating, or not going well for you that could be a sign of relapse?

Who, or what, are the people, places or things that contribute to increased stress and problems in your life? What steps or actions can you take when you have to deal with these people, places, and things?

What actions can you take to manage stress, stay well, and remain focused on your goals?

Persons you can call:

Resources you can use:

What things can others do that will be helpful?

Is there anything else you would like to add to the Relapse Prevention / Safety Plan? ☐ Yes ☐ No. If Yes, add additional feedback:

Crisis Arrangements

- Should a crisis arise, below are questions to consider to help you manage your affairs in a psychiatric emergency.
- These arrangements are not a substitute for your decision making, even in the midst of crisis. It is only a supplemental support option.

What should be done if you are in crisis?

What should NOT be done when you are in crisis?

Medications that are helping or have helped in the past:

Medications that have not helped:

Is there anything else you would like to add to these crisis arrangements? ☐ Yes ☐ No. If Yes, add additional feedback.



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IF I BECOME UNABLE TO HANDLE MY PERSONAL AFFAIRS , the following people have agreed to look after my personal affairs (For example: pets, housing, family/job notification):			
Name	Phone	Area(s) of Assistance	
Do you have a Health Care Proxy? ☐ Yes ☐ No Copy has been provided for the record ☐ Yes ☐ No Would you like more information on Health Care Proxies? ☐ Yes ☐ No		Do you have an Advance Directive in effect? ☐ Yes ☐ No Copy has been provided for the record ☐ Yes ☐ No Would you like more information on Advance Directives? ☐ Yes ☐ No	
I have developed this Relapse Prevention / Safety Plan with staff and others to describe the actions that I can take to prevent relapse and crises and keep myself moving towards my personal life goals. I was provided a copy of the plan ☐ Yes ☐ No. If No, Provide a Reason:			
Individual's Signature:		Date:	
Parent/Guardian/Other Name ☐ (N/A):	Parent/Guardian/Other Signature:	Date:	
Completed By - Print Staff Name/Credentials:	Staff Signature:	Date:	
Clinical Supervisor/ Professional Staff/ QHP/Team Leader - Print Name/Credentials (if needed):	Clinical Supervisor/ Professional Staff/ QHP/Team Leader (if needed): Signature:	Date:	
NPP - Print Name/Credentials (if applicable):	NPP Signature:	Date:	
Psychiatrist/MD/DO – Print Name/Credentials (if applicable):	Psychiatrist/MD/DO/ Signature:	Date:	
If Applicable, Additional Staff Sign Below			
Print Staff Name/Credentials:	Staff Signature:	Date:	
Print Staff Name/Credentials:	Staff Signature:	Date:	
Print Staff Name/Credentials:	Staff Signature:	Date:	
Print Staff Name/Credentials:	Staff Signature:	Date:	