

WPCS SUBSTANCE USE DISORDER PROGRAM RELAPSE PREVENTION PLAN

NAME: _____

Number of days of continuous recovery: _____

Identified triggers to use:

Intervention for the trigger:

Names and phone numbers of people I can call 24/7:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Number of support meetings I am committed to attend each week: _____

Location of those meetings:

Healthy lifestyle changes I am committed to making:

Situations in which I am most likely to use:

Steps I will take to avoid those situations:

What I will lose if I return to substance use:

Return to recovery plan if I do use:

Unresolved issues:

Referrals I have been given to address these issues:

Patient signature: _____
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Date: _____