



# My Relapse Prevention Plan

Name:

Date:

## Contact Information

- Primary Therapist:
- Next Treatment Appointment:
- Emergency Contact:

Triggers	Strategies for Triggers

Relapse Warning Signs	Interventions

Short-Term Goal	Long-Term Goal

In the event of a crisis:
Call Emergency Contact #
Call Crisis Hotline #
Call Emergency Services #

Remember: I choose to be sober because...

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