

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 #

<u>Remember: I choose to be sober because...</u>