

Relapse Prevention Plan

Reminder of events or situations that triggered relapses in the past:

- 1.
- 2.
- 3.
- 4.

Reminder of early warning signs that I experienced in the past:

- 1.
- 2.
- 3.
- 4.

What I think would help me if I am experiencing an early warning sign:

- 1.
- 2.
- 3.
- 4.

Who I would like to assist me, and what I would like them to do:

- 1.
- 2.
- 3.
- 4.

Who would I like to be contacted in case of an emergency?

- 1.
- 2.
- 3.
- 4.