

**Relapse Prevention Plan**

**Name:**

**Date:**

<b>Relapse signature/early warning signs</b>	<b>Relapse plan</b>
<b>Stage 1</b>	
<b>Stage 2</b>	
<b>Stage 3</b>	

**Contacts**

Case manager: .....

Family member: .....

Out-of-hours: .....