# Recovery Phase

Clinician:

Client:

Date: - - (d m yr)

Present:
☐ Client ☐ Family:
☐ Other:

Location:
☐ Office
☐ Other:

| Client | Family | Topics<br>See education/psychosocial intervention section for overviews and handouts. | Progress Notes |
|---|---|---|---|
| ☐ | ☐ | Psychosis | |
| ☐ | ☐ | Etiology | |
| ☐ | ☐ | Early Intervention | |
| ☐ | ☐ | Medication | |
| ☐ | ☐ | Psychosocial Treatments | |
| ☐ | ☐ | Stress Management | |
| ☐ | ☐ | Relapse Prevention - develop prevention plan as early on as possible | |
| ☐ | ☐ | Social Functioning | |
| ☐ | ☐ | Lifestyle | |
| ☐ | ☐ | Goal Setting | |
| ☐ | ☐ | Problem Solving | |
| ☐ | ☐ | Drugs and Alcohol | |
| ☐ | ☐ | Persistent Symptoms | |
| ☐ | ☐ | *Other (please indicate):* _____ | |

**Individualized Care and Reintegration**
- *Document:*

☐ Progress made
☐ Obstacles encountered
☐ Revisions to individualized care or reintegration plans

**Ongoing Assessment**
- *At least every 3 months:*

☐ Assessment update completed using Update Template
☐ 2-Com completed by client
☐ Assess family impact and well-being
☐ Review relapse prevention plan

**Other Care**
- *Maintain regular contact with:*

☐ General physician
☐ Other care providers
- *Provide based on need or readiness*

☐ Referrals for other services
☐ Groups for client
☐ Groups for family
- *If prolonged recovery is suspected*

☐ Consult with psychiatrist
☐ Document plans to change course

**Please assess the following for every visit. Describe any changes or problems in notes.**

| | | | |
|---|---|---|---|
| **Mental Status** | ☐ no change | ☐ improvement | ☐ deterioration |
| **Functioning** | ☐ no change | ☐ improvement | ☐ deterioration |
| **Stress** | ☐ no change | ☐ diminished stress | ☐ increased stress/life event |
| **Medication** | ☐ no problems | ☐ side effects | ☐ adherence issues |