

Name: \_\_\_\_\_

# Relapse Prevention Plan

1) My mental health diagnosis is \_\_\_\_\_

2) Three symptoms I experience with my illness are:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

3) Stressful events that endangered my mental health and put me in crisis:

4) What can I do to handle stressful events in the future:

5) Current stressors in my life are: