Recovery Phase

Clinician:

Client:

Date: / / /

Present: ☐ Client ☐ Family ☐ Other

Location: ☐ Office ☐ Other

Client	Family	Topics	Progress Notes
		Identify relationship/personal interaction verified for interested and handouts	
☐	☐	Psychosis	
☐	☐	Cravings	
☐	☐	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	
☐		A-Care completed by client	
☐		Review 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	
☐		▪ Functional recovery is supported	
☐		Contact with psychiatrist	
☐		Document plans to change course	

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

Marital Status	☐ no change	☐ improvement	☐ deterioration
Functioning	☐ no change	☐ improvement	☐ deterioration
Stress	☐ no change	☐ stressful stress	☐ increased stress/life event
Medication	☐ no problems	☐ side effects	☐ adherence issues