Recovery Phase

Clinician:

Client:

Date: __ - __ - __
d m yr

Present:
☐ Client ☐ Family:
☐ Other:

Location:
☐ Office
☐ Other:

Client	Family	Topics See education/psychosocial intervention section for overviews and handouts.
☐	☐	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):* _____

Progress Notes

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