

# Wellness Recovery Action Plan



- Discover your own simple, safe wellness tool to help you prepare and advocate
- Develop a list of things to do every day to stay as well as possible
- Identify upsetting events and warning signs that symptoms or situations may have gotten worse or escalated
- Develop an action plan for responding before and during difficult times
- Create a crisis/post-crisis plan for when your support system makes decisions

*\* What am I like when I am feeling well? How do I feel and act?*

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*\* Signs that I need my supporters to check in and/or take action:*

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*\* Should this plan need to be activated, my supporters should be contacted:*

**NAME**

**RELATIONSHIP**

**CONTACT INFO**

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**\* Physician, Therapist, Psychiatrist Contact Info:**

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**\* Pharmacy / Pharmacist / Allergies:**

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**\* Medication Names & Dosages - Over the Counter and Prescriptions:**

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**\* If I need hospitalization or help in a treatment facility, I prefer these facilities:**

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**\* Please DO the following things to help comfort me and keep me safe.**

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**\* Please DO NOT do the following. It won't help and may make things worse:**

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**\* The following signs indicate that my supporters no longer need to use this plan:**

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I developed this plan on (date) \_\_\_\_\_ with the help of \_\_\_\_\_.  
Any plan with a more recent date supersedes this one.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_