

Date of last Relapse Prevention Form: _____

Since last completing the Relapse Prevention Form, my client has:

(If this is a baseline form, please complete for 6-month time period prior to program admission.)

been under probation, parole, or court supervision		<input type="radio"/> Yes		<input type="radio"/> No	
received disability insurance or benefits (e.g. SSDI, SSI, employer)		<input type="radio"/> Yes		<input type="radio"/> No	
visited a crisis center		_____ times			
visited an emergency department		_____ times			
been admitted to a hospital for mental health reasons		_____ times			
been in the hospital for mental health reasons		_____ nights			
been arrested/jailed for any reason		_____ times			
mostly been living	<input type="radio"/> In own home/dorm /apartment	<input type="radio"/> With family	<input type="radio"/> In a supported /supervised setting	<input type="radio"/> In a shelter	<input type="radio"/> On the street/ couch surfing
					<input type="radio"/> Other: _____
has health insurance with (may choose multiple)	<input type="radio"/> Medicaid		<input type="radio"/> Medicare	<input type="radio"/> Private	<input type="radio"/> Self-Pay
					<input type="radio"/> Other: _____
<p>We recommend relapse prevention interventions occur when a client has a major change in treatment plan, life change or stressors. Common examples include:</p> <ul style="list-style-type: none"> • Client discharged from program. • Major change in frequency of therapy sessions. • Patient becomes fully responsible for taking medications. • Decrease in medication dose or switch to new medication. • Starting new job or school. • Moving out of the house. • Increase in social interactions with peers. • Increased independence (less family supervision/monitoring). • New development or change to a substance use reduction plan. 	Since last completing this form has you client had major change in treatment plan, life change or stressor?			<input type="radio"/> Yes	<input type="radio"/> No
	Since last completing this form has your client been independent from family and clinically stable for at least six months? (If so, annual relapse prevention plan sessions are recommended.)			<input type="radio"/> Yes	<input type="radio"/> No
	If NO to BOTH of the above questions, please stop here. If YES to EITHER of the above questions, please answer the following:				
	Has the client participated in a relapse prevention plan session?			<input type="radio"/> Yes	<input type="radio"/> No
	Has the family participated in a relapse prevention plan session?			<input type="radio"/> Yes	<input type="radio"/> No
If indicated but relapse prevention session did not occur, what is the reason?			<input type="radio"/> Client Refused <input type="radio"/> Family did not respond or refused <input type="radio"/> Clinical team forgot to recommend relapse prevention plan session		