

Patient ID: \_\_\_\_\_

Clinic: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELAPSE PREVENTION PLAN FORM**

<b>Relapse Prevention Planning Occurrence</b>	
Has your client participated in a relapse prevention plan development or review?	<input type="radio"/> Yes - initial <input type="radio"/> Yes - review <input type="radio"/> No
If yes, date of relapse plan development or review (mm/dd/yyyy):	
If yes - initial, what relapse prevention intervention was utilized?	<input type="radio"/> IRT Wellness Plan module <input type="radio"/> Other
If other, please explain:	
If yes, who participated?	<input type="radio"/> Client <input type="radio"/> Family
If no, (relapse prevention session did not occur), what is the reason?	<input type="radio"/> Refused <input type="radio"/> Clinical team forgot to recommend relapse prevention plan session <input type="radio"/> Other (explain):