

RELAPSE PREVENTION PLAN FORM

| Relapse Prevention Planning Occurrence | | |
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| 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): _____ | |