

**SUBSTANCE USE DISORDER PROGRAM RELAPSE PREVENTION PLAN**

**NAME:** \_\_\_\_\_

**Number of days of continuous recovery:** \_\_\_\_\_

**Identified triggers to use:**

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**Intervention for the trigger:**

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**Names and phone numbers of people I can call 24/7:**

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|-----------------------|---------------------|
| 1. <b>Name:</b> _____ | <b>Phone:</b> _____ |
| 2. <b>Name:</b> _____ | <b>Phone:</b> _____ |
| 3. <b>Name:</b> _____ | <b>Phone:</b> _____ |
| 4. <b>Name:</b> _____ | <b>Phone:</b> _____ |
| 5. <b>Name:</b> _____ | <b>Phone:</b> _____ |
| 6. <b>Name:</b> _____ | <b>Phone:</b> _____ |

**Number of meetings I am committed to attend each week:** \_\_\_\_\_

**Location of those meetings:**

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**Healthy lifestyle changes I am committed to making:**

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**Situations in which I am most likely to use:**

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**Steps I will take to avoid these situations:**

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**What I will lose if I return to substance use:**

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**Return to recovery plan if I do use:**

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**Unresolved issues:**

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**Referrals I have been given to address these issues:**

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**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_