



Relapse Prevention Plan

AIMS CENTER

UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Patient Name: _____

Date: _____

Maintenance medications

1. _____; _____ tablet(s) of _____ mg _____ Take at least until _____
2. _____; _____ tablet(s) of _____ mg _____ Take at least until _____
3. _____; _____ tablet(s) of _____ mg _____ Take at least until _____
4. _____; _____ tablet(s) of _____ mg _____ Take at least until _____

Call your primary care provider or your care manager with any questions (see contact information below).

Other treatments

1. _____
2. _____
3. _____

Personal warning signs

1. _____
2. _____
3. _____
4. _____

Things that help me feel better

1. _____
2. _____
3. _____
4. _____

If symptoms return, contact: _____

Primary Care Provider: _____ Phone: _____ Email: _____

Care Manager: _____ Phone: _____ Email: _____

Next appointment: Date: _____ Time: _____

