



Queensland Government

My Recovery Plan

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

If you do not have enough room, please attach more pages at the end.

This is who I am - my characteristics

These are my strengths:

Things I would like to strengthen:

What I do to keep well?

What have I done in the past?

My early warning signs / triggers?

What I have done to manage these in the past?

What have I done in the past that hasn't worked?

DO NOT WRITE IN THIS BINDING MARGIN

MY RECOVERY PLAN



My Recovery Plan

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

These are my goals - what I want to do and where I want to be

- Social:**
- My housing needs
 - My living skills
 - My social activities (e.g. hobbies, sports, shopping, eating out)
 - My finances and budgeting

Emotional:

- My relationships (e.g. partner, children, siblings, parents, carer, friends, boss / workmates, pets)
- If I am not home, who will take care of: my children / family; my medication; the mail; the newspaper; my pets; the wheelie bins
- My support networks (e.g. NGO, GP, MHS, local group, other [specify:])

- Physical:**
- My physical health and well-being (e.g. sport, gym, doctor appointments, dental, complementary / alternative therapies, preferred medications)
 - My personal care

- Intellectual:**
- My work
 - My study
 - My volunteering
 - Reading
 - Other social outlets (e.g. trivia night, chess club)

- Spiritual:**
- What I do to keep myself well spiritually (e.g. meditation / prayer, practices)

People I would like involved in my care:

Name:	Relationship to me:	Contact details:
Name:	Relationship to me:	Contact details:

People to contact in an emergency:

Name:	Relationship to me:	Contact details:
Name:	Relationship to me:	Contact details:

How they can best help me:

I confirm that this is my Recovery Plan, and acknowledge that I understand my role and the role of other persons listed in the Plan. I am also aware that I can request a change to the goals set down if they are not meeting my needs by discussing this with my nominated support staff.

- I have received contact details and know how to contact my support staff
 I have been provided with mental health crisis numbers

I was involved in developing this plan and have received a copy.

Signed by Person in Recovery:

I assisted in the development of this Plan.

Signed by Carer:

I assisted in the development of this Plan.

Signed by Clinician:

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