 **My Recovery Care Plan**

**About me**

Name: Insert name

Date of birth: Insert DOB

**Who can see my plan?**

Other people can only see my plan if I say it is ok.  
  
  
 The people who I want to see my plan are:

|  |
| --- |
| Insert names of people who can see the plan |

**Contact details of key people**  
 My Care Coordinator: insert name and number



My Psychiatrist: insert name and number



Other people: insert name and number

  
In an emergency,   
please contact: insert name and number

**What does recovery mean to me?**

These are the things that are important and matter to me:

|  |
| --- |
| Insert details of what matters to service user |



These are my goals for the next year:

|  |
| --- |
| Insert details of goals for next 12 months |



These are the things that will help me to reach my goals:

|  |
| --- |
| Insert text – skills, strengths and experiences |

**To help me reach my goals, these are the things that I am going to do:**



****My goal for good mental health:

|  |
| --- |
| Insert text – details about mental health goal.  Include action plan to achieve these goals |

****

My goal for good physical health:

|  |
| --- |
| Insert text – details about physical health goal.  Include action plan to achieve these goals |



My goal for where I live:

|  |
| --- |
| Insert text – details about goals for accommodation.  Include action plan to achieve these goals |



****

My goal for my activities:

|  |
| --- |
| Insert text – details about goals for leisure time.  Include action plan to achieve these goals |

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**My Triggers**

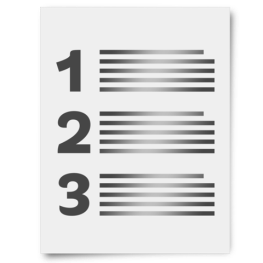
These are the things that might make me unwell:

|  |
| --- |
| Insert text – details of triggers for when service user becomes unwell |

This is the plan to manage these:

|  |
| --- |
| Insert text – action plan for manage above triggers |

**My Early Warning Signs**

These are the early signs that I might be unwell:

|  |
| --- |
| Insert text – details of early warning signs that service user is becoming unwell |



This is what to do if you see these signs

|  |
| --- |
| Insert text – action plan for what to do when the above signs are present |

**Getting worse**

This is how you will know if I am getting worse:

|  |
| --- |
| Insert text – details of signs that service user is becoming more unwell |

This is what to do if you see these signs

|  |
| --- |
| Insert text – action plan for what to do when the above signs are present |

**Getting Better**

This is how you will know if I am getting better:

|  |
| --- |
| Insert text – details of signs that service user is getting better |

**How to Contact me:**

This is how to contact me:

|  |
| --- |
| Insert text – service user contact details |

If you cannot contact me, this is who you can speak to instead:

|  |
| --- |
| Insert text – alternative contact details and details of anyone who should **NOT** be contacted |