My Recovery Care Plan

Dear Clients name

When we met about your care plan these are the things we talked about:

| mental health: |
|--------------------|
| physical health: |
| job situation |
| where you live |
| leisure activities |
| friendships: |

| | partner/family |
|-------|------------------------|
| | |
| | how safe you feel: |
| | medicine you take |
| | practical help you get |
| Dates | your appointments |
| | |