



WEEKEND RELAPSE PREVENTION PLAN

WHO ARE THE PEOPLE WHOULD COULD PLACE YOU AT THE MOST RISK?

1)

2)

3)

4)

5)

WHAT FEELINGS PLACE YOU AT GREATEST RISK FOR USING?

1)

2)

3)

WHAT PLACES WILL IT BE NECESSARY TO AVOID?

1)

2)

3)



WHAT SITUATIONS OR EVENTS COULD PLACE YOU AT RISK FOR USING? WHY?

1)

2)

3)

WHAT MAY BE THE CONSEQUENCES FOR YOU IF YOU ARE NOT CAREFUL?

1)

2)

3)

FINALLY, WHAT POSITIVE COPING STRATEGIES, SKILLS AND SUPPORTS DO YOU HAVE AVAILABLE TO GET THROUGH?

1)

2)

3)

4)

5)

SIGNED (Client) _____

DATE _____

SIGNED (Witness) _____

DATE _____