

Wellness Recovery Action Plan (WRAP)

PATIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Phone: _____ Email: _____

Address: _____

WELLNESS TOOLS

Wellness Tools

DAILY PLAN

Daily Plan

TRIGGERS

Triggers

ACTION PLAN

Action Plan

CRISIS PLAN

Crisis Plan

PROGRESS TRACKING

Progress Tracking

SUPPORT NETWORK

Support Network

NEXT APPOINTMENT

Next Appointment: _____ dd / mm / yyyy