

# Wellness Recovery Action Plan (WRAP)

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ dd / mm / yyyy

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Wellness Tools

### Daily Plan

### Triggers

### Action Plan

### Crisis Plan

### Progress Tracking

### Support Network

Next Appointment: \_\_\_\_\_