

# Wellness Plan

## Current / Past Symptoms and Stressors

Symptoms I have experienced in the past:

Stressful events that have made my symptoms worse or put me into crisis mode:

Current stressors in my life:



## Coping Skills

Things I can do to handle stressful events in the future:

Ways I can reduce my stress:

My strengths / positive qualities:

Some examples of daily pleasant activities that I will engage in to maintain my health:

Activities that I definitely need to

Symptoms / warning signs that things are getting

When I begin to notice things getting



### Support System

Support team of family / friends / others that I can call on a

Name

Phone



## Medication and Therapy Management

Things I will do to manage my medications (if applicable):

Ways I can get the most out of therapy and self-help or support groups: