

Smart Recovery Worksheet

Patient Information

Name:

Date of Birth:

Contact Information:

Goals for Treatment

Please list your goals for addiction recovery treatment:

Worksheet Assignments

Please complete the following Smart Recovery Worksheets:

Progress Check

Please provide an update on your progress since the last session:

Challenges and Successes

Please describe any challenges you have faced since the last session and any successes you have had in managing your addictive behaviours:

Next Steps

Please list any action items or goals for the next session: