

Wellness Recovery Action Plan (WRAP)

Patient Information

Name: _____

Date of Birth: _____

Mobile: _____

Email: _____

Emergency Contacts

- Emergency Contact 1: _____
- Emergency Contact 2: _____

Personal History

Wellness Toolbox

Daily Maintenance Plan

Triggers and Early Warning Signs

Crisis Plan

Post-Crisis Plan

Review and Update

Collaboration with Other Professionals

Implementation and Monitoring