The Recovery and Wellness Workbook
• Psychology/Psychiatry
• Nursing
• Psychiatric Rehabilitation
• Social Work
• Substance Abuse Specialists
• Mental health issues
• Medical issues
• Substance abuse issues
• Psychosocial issues
• Holistic view of the patient
• Collaboration between the disciplines
• Collaboration with the patient
• A therapeutic tool in the recovery process
My Recovery and Wellness Plan
Introduction

We want to take this opportunity to welcome you to The Zucker Hillside Hospital. In addition to a Psychiatrist, Nurse, Mental Health Worker, Social Worker and Rehabilitation Therapist, an on-unit staff member will be your Wellness and Recovery Plan Care Manager. They will present you with a Unit Orientation Manual and work with you in filling out this booklet and developing your Wellness and Recovery Plan.
My Recovery and Wellness Plan Attestation

I __________________________ do hereby acknowledge that I was given My Recovery and Wellness Plan and received counseling about how to use this plan.

_____________________________  __________________________
Patient  Date

_____________________________  __________________________
Rehabilitation Therapist  Date
### Issues and Concerns That Brought Me to the Hospital

**Example:** *I became angry at my family and stopped taking my medication.*

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My Relapse Triggers

Example: Fighting with my family.

1. 

2. 

3. 

4. 

5. 

Patient Education
Ensure Linkage

My Psychiatric Care Team
Upon Discharge

Psychiatrist/Program: ________________________________
Agency: __________________________________________
Address: _________________________________________
Phone: ___________________________________________
My Next Appointment is: ____________________________

Therapist/Program: ________________________________
Agency: __________________________________________
Address: _________________________________________
Phone: ___________________________________________
My Next Appointment is: ____________________________
My Mental Health Care Goals

Example: To attend therapy once a week.

1. 
2. 
3. 
4. 
5. 

My Substance and Alcohol Sobriety Goals

Example: To attend 30 meetings in 30 days after discharge.

1. 
2. 
3. 
4. 
5.
Wellness & Discharge Planning

My Medical Health Care Goals Upon Discharge

Example: To better manage my diabetes.

1.

2.

3.

4.

5.

My Medical Health Care Center Upon Discharge

Agency: ____________________________
Address: __________________________
Phone: ____________________________
My Next Appointment is: _______________
**Wellness & Discharge Planning**

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**My Recovery and Wellness Goals For After Discharge**

**Example:** I will attend Sign-On Village Vocational Rehabilitation Program to prepare for work.

**Vocational/Volunteer**

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**Social**

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**Education/Training**

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**Living/Homemaking**

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My Recovery and Wellness Activities
For After Discharge

Vocational Program: ______________________________
Address: ______________________________________
Phone: _________________________________________
Contact Person: _________________________________
My Next Appointment is: _________________________

Socialization Program: __________________________
Address: ______________________________________
Phone: _________________________________________
Contact Person: _________________________________
My Next Appointment is: _________________________

[Other]: ______________________________________
Address: ______________________________________
Phone: _________________________________________
Contact Person: _________________________________
My Next Appointment is: _________________________
Wellness & Discharge Planning

My Professional Supports For After Discharge

ICM: _______________________________
Agency: _______________________________
Address: _______________________________
Phone: _______________________________

Apartment Program or Residence: _______________________________
Agency: _______________________________
Address: _______________________________
Phone: _______________________________

Apartment Program Counselor: _______________________________
Phone: _______________________________

AOT Care Manager: _______________________________
Agency: _______________________________
Address: _______________________________
Phone: _______________________________
Wellness & Discharge Planning

My Community Supports For After Discharge

Name: __________________________
Relationship: _____________________
Address: _________________________
Phone: ____________________________

Name: __________________________
Relationship: _____________________
Address: _________________________
Phone: ____________________________

Name: __________________________
Relationship: _____________________
Address: _________________________
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Relationship: _____________________
Address: _________________________
Phone: ____________________________

North Shore LIJ The Zucker Hillside Hospital
## Wellness & Discharge Planning

### Emergency Numbers

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