

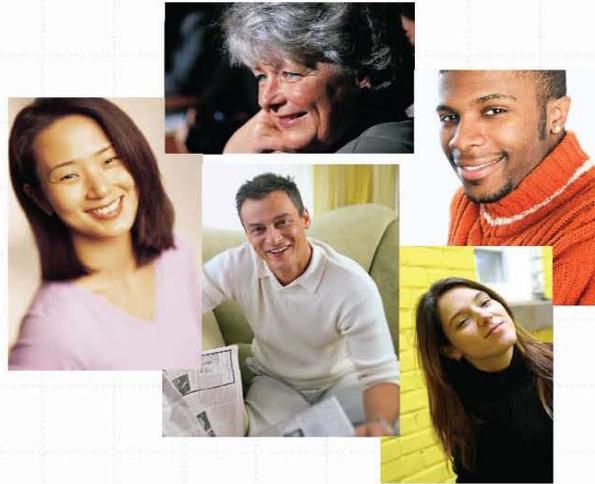
The Recovery and Wellness Workbook

- 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



North
Shore LIJ The Zucker
Hillside Hospital

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.

Collaboration

Treatment Team Interview

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

Patient Education

Treatment Team Interview

Issues and Concerns That Brought Me to the Hospital

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

1 _____

2 _____

3 _____

4 _____

5 _____

My Relapse Triggers

Example: *Fighting with my family.*

1

2

3

4

5

Patient Education

Ensure Linkage

Social Work

My Psychiatric Care Team Upon Discharge

Psychiatrist/Program: _____

Agency: _____

Address: _____

Phone: _____

My Next Appointment is: _____

Therapist/Program: _____

Agency: _____

Address: _____

Phone: _____

My Next Appointment is: _____

Wellness & Discharge Planning

Social Work, Psychiatric Rehabilitation, Psychology

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

Nursing

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

Psychiatric Rehabilitation

My Recovery and Wellness Goals For After Discharge

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

Vocational/Volunteer _____

Social _____

Education/Training _____

Living/Homemaking _____

Wellness & Discharge Planning

Psychiatric Rehabilitation

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

Social Work

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

Psychiatric Rehabilitation, Nursing, Psychology, Social Work

My Community Supports For After Discharge

Name: _____

Relationship: _____

Address: _____

Phone: _____

Wellness & Discharge Planning

Emergency Numbers

Psychiatric

Medical
