

choices in  
**RECOVERY**

# My Treatment and Recovery Log

**Helping Me to  
Stay on Track**



MAKING SMOOTH TRANSITIONS

# Welcome!

**Use this journal to write down your treatment and medication preferences and recovery history.**

- If you have any questions or think you may be experiencing a side effect, be sure to contact your doctor or your treatment team.

**Having this information in one place can help you:**

- Share information with your doctor and treatment team to make them aware of your wants and needs
- Make smooth transitions between care settings (example: inpatient to outpatient)
- Move forward toward recovery goals

## Personal Information

This recovery journal belongs to:

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NAME

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ADDRESS

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CITY

STATE

ZIP

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PHONE

EMAIL

**My diagnosis is:**

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**Other medical conditions I have are:**

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# My Treatment Team

The following are members of my treatment team who are involved in my mental health care and may need to be contacted.

## Psychiatrist

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PHONE

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ADDRESS

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## Primary Care Physician

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PHONE

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ADDRESS

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## Peer Counselor

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PHONE

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ADDRESS

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## Therapist/Social Worker

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PHONE

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ADDRESS

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## Emergency Contact

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PHONE

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ADDRESS

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RELATIONSHIP TO ME

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## Case Manager

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PHONE

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ADDRESS

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## Other

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PHONE

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ADDRESS

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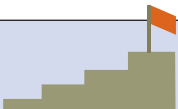
RELATIONSHIP TO ME

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# My Recovery History

By writing down important events and milestones (accomplishments and setbacks) in your mental health history, you can provide a quick snapshot of your recovery journey to your doctor and other people in your treatment team and support network.

Below are examples of events you may want to include in your history. Feel free to add others that have been meaningful to you.

Examples	
Hospitalized 	Had a Relapse 
Started a New Medication 	Got a Job 
Started Meeting With a Therapist 	Started a Relationship 
Had Medication Side Effects 	Stopped Taking Medication 
Moved Into Independent Housing 	Joined a Support Group 
Started Peer Counseling 	Joined a Clubhouse 
Started Exercising 	Achieved a Life Goal 

# My Recovery History

Event	Date	Event Details
Symptoms Started		
Initial Diagnosis		

# My Recovery History CONTINUED

Event	Date	Event Details

# My Recovery History CONTINUED

Event	Date	Event Details

# My Medications

Current Medications	Dosage	Reason I Am Taking

Preferred Medications (to take during crisis)	Dosage	Reason I Would Need

Medications to Avoid *	Dosage	Reason I Don't Want to Take



# My Supportive Treatments

(non-medication)

## Supportive Treatments That May Help Me

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## Supportive Treatments to Avoid

## Reason to Avoid

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# My Preferred Facilities

Below, write down the resources and facilities you prefer to use, as well as those you prefer to avoid.

## Preferred Hospital

LOCATION

HOSPITAL TO AVOID

## Preferred Mental Health Facility

LOCATION

FACILITY TO AVOID

## Preferred Pharmacy

LOCATION

PHARMACY TO AVOID



# My Support Network

Write down the people in your life (friends, significant other, family, etc.) who may be helpful in times of crisis and transition.

**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_

**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_

**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_

**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_



**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_

**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_

**Name** \_\_\_\_\_  
PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP TO ME \_\_\_\_\_

# My Life Goals



## Short-Term Goals

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### Possible Goal

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Steps I can take to reach it

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### Possible Goal

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Steps I can take to reach it

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### Possible Goal

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Steps I can take to reach it

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# My Life Goals



## Long-Term Goals

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### Possible Goal

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Steps I can take to reach it

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### Possible Goal

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Steps I can take to reach it

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### Possible Goal

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Steps I can take to reach it

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# Things That Help Me Stay Healthy

## For example:

Exercise  
Seeing friends

Listening to music  
Taking my medication

### DAILY

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1.

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2.

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3.

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4.

### WEEKLY

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1.

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2.

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3.

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4.

### MONTHLY

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1.

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2.

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3.

### ONCE IN A WHILE

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1.

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2.

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3.

# Early Signs I May Be Having a Difficult Time With My Condition

## For example:

Not sleeping

Not taking medication regularly

Not getting outside

Becoming more irritable

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

## What I Will Do to Get Help

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



[www.ChoicesInRecovery.com](http://www.ChoicesInRecovery.com)

Mental health recovery is an ongoing process, not a single outcome. Each person's recovery experience is unique. By making a personalized, inclusive plan for managing a mental health condition, a person has the best chance of living a meaningful life.

## Recovery Journey Strategies for Success

- If you are leaving inpatient care, ask the discharge planner to schedule a doctor's appointment for you once you are out of the hospital. Don't forget to attend!
- Connect with members of your support network who can help you during transitions.
- Make sure you have services in place, including a safe and comfortable home.
- Talk to your treatment team about questions or concerns you might have about your medication, and if helpful, ask for tips to help remember to take it.
- Think about your goals and how taking medication might help you to reach them.
- Take your medication regularly, as prescribed by your doctor.

Janssen Pharmaceuticals, Inc.

