

# Wellness Plan



## Current / Past Symptoms and Stressors

Symptoms I have experienced in the past:

Stressful events that have made my symptoms worse or put me into crisis mode:

Current stressors in my life:



## Coping Skills

Things I can do to handle stressful events in the future:

Ways I can reduce my stress:

My strengths / positive qualities:

Some examples of daily pleasant activities that I will engage in to maintain my health:

Activities that I definitely need to avoid:

Symptoms / warning signs that things are getting worse for me:

When I begin to notice things getting worse I will:



## Support System

Support team of family / friends / others that I can call on a regular basis:

Name

Phone Number



## Medication and Therapy Management

Things I will do to manage my medications (if applicable):

Ways I can get the most out of therapy and self-help or support groups:

For a copy of this letter in another language, call Member Services at 1-866-769-3085 (TTY 1-855-742-0123).

Para una copia de correspondencia en Español llame a servicio al miembro a 1-866-769-3085 (TTY 1-855-742-0123).

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