

WRAP:

Your Personal Guide to Feeling

Happy and Healthy

Wellness Toolbox

's (Your name) Wellness Toolbox

Daily Maintenance Plan

**Reminder list of things I may need to do
today:**

Triggers

Things I can do for myself if I am triggered:

Early Warning Signs List

**Things I must do for myself if I notice I have
Early Warning Signs**

**Things I might do for myself if I notice I have
Early Warning Signs**

Things are Much Worse when:

Things I Must do if Things are Much Worse

**Things that would be helpful to do if I have
time and if I feel like it:**

Safety Plan

Name _____ Date _____

**If I have the following signs, it is an emergency
and others need to help me:**

Supporters

When I clearly have some of the above signs, I want the following people to help me to do the things I have outlined in this plan:

**I do not want the following people to
involved in any way in my care or treatment:**

Name	Why you do not want them involved (optional)
_____	_____
_____	_____
_____	_____
_____	_____

Medications and health care products I am using and why:

Medication and food allergies

**Other health conditions your supporters and
doctor should know about in planning your
treatment:**

**Safe things I want my supporters to do for
me when I am feeling badly:**

**What I don't want from my supporters when I
am feeling badly:**

Things I need others to do for me and who I want to do it:

My supporters no longer need to follow this plan when I: