



MY WELLBEING PLAN

to manage my **BIPOLAR DISORDER**

BLACK DOG INSTITUTE



Name

.....

Support people (name and phone)

.....

.....

I plan to contribute to staying well by the following strategies

Physical Activity	Sleep, Eating...	Alcohol and Drugs
Pleasurable Activities	Issues relating to medication and other treatment	Other (eg relationships, meditation, hobbies...)

Things that may trigger a relapse for ME...

Lows

Highs

Relapse signature (early warning signs)

Lows

Highs

If I develop any of these signs I will...

When Low

Do:

.....

Avoid:

.....

When High

Do:

.....

Avoid:

.....

If my support people observe these signs they may

Current Medications

Medication Contingency plan

Medical team

	Name	Contact number
GP		
Psychiatrist		
Psychologist		

24 hour emergency numbers

Name	Contact number
Lifeline	13 11 14

Signed: Date:

Notes on preparing this plan

Patient and health professional should discuss this template collaboratively and how to tailor it to individual situation

Patient should work on specific items and individualise entries for homework and discuss involvement with their support people

Further collaborative sessions with assisting professional may be needed to help refine plan

Copies of plan should be carried with patient, and given to all health professionals and support people involved

Plan should be reviewed and updated regularly