

My Wellbeing Plan

For Managing my Bipolar Disorder

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
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Relapse signature (early warning signs)

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

LOWS	HIGHS
Do:	Do:
Avoid:	Avoid:

If my support people observe these signs they may:

Current Medications:

Medication Contingency Plan:

Medical Team:

	Name	Contact Number
GP		
Psychiatrist		
Psychologist		

Emergency Numbers:

Name	Number
Lifeline	13 11 14



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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.

