



Recovery Journal

My details

My name

Phone

Date

My interests

My goals

For me, 'recovery' means being able to

My contacts

SUPPORT WORKER

Name

Ph

KEYWORKER/NURSE

Name

Ph

PSYCHIATRIST

Name

Ph

DR/GP

Name

Ph

EMERGENCY TEAM

Ph

MORE CONTACTS

Tools for staying well

Things I can do which help keep me well and help relieve symptoms

(E.G. WALK ON THE BEACH, GO TO THE GYM)

Things I should avoid (WHICH MAY CAUSE ME TO BECOME UNWELL)

(E.G. VERY LATE NIGHTS, LACK OF SLEEP)

Signs to watch out for

Signs I am becoming unwell may include

When I notice any of these signs my options are

(WHAT I WILL DO AND WHAT I HAVE DONE IN THE PAST THAT HAS HELPED)

What I would like others to do if they notice these signs or if I become unwell

MY MEDICATION (CONTINUED)

Things I should be aware of with this medication

Things I have noticed since taking this medication (GOOD AND BAD)

DATE

THINGS I HAVE NOTICED

DATE	THINGS I HAVE NOTICED

I do not react well to the following medication

MEDICATION

REACTION

MEDICATION	REACTION

If I am admitted to hospital

You may never be admitted to hospital, however, should this occur, it may be helpful to consider a treatment plan and/or an advance directive.
Discuss this with your doctor and/or keyworker

YES/NO Use my advance directive (N.B. IF YOU HAVE AN ADVANCE DIRECTIVE, YOU MAY LIKE TO KEEP A COPY IN THE BACK POCKET OF THIS PLAN)

If I should be admitted to hospital acutely unwell, and unable to make decisions, what I would like to happen is

What I would NOT like to happen is

People who support this plan include

IF I AM ADMITTED TO HOSPITAL (CONTINUED)

Other things I would like to happen should I become unwell

(EG. FEED THE CAT, LET WORK KNOW I AM UNWELL)

The things people could do for me to help reduce my symptoms or make me feel more comfortable are (E.G. GO FOR A WALK WITH ME, TALK ABOUT THINGS)

My Supporters

Should I become unwell I want the following people to take over the listed role for me (THEY MIGHT BE FAMILY, FRIENDS OR HEALTHCARE PROFESSIONALS)

Name

Relationship

Ph

Role I would like them to take (E.G. TAKE CARE OF MY CHILDREN)

Name

Relationship

Ph

Role I would like them to take (E.G. FEED MY CAT)

Name

Relationship

Ph

Role I would like them to take (E.G. MANAGE MY ACCOUNTS)

MY SUPPORTERS (CONTINUED)

Name	
Relationship	Ph
Role I would like them to take (E.G. TAKE CARE OF MY CHILDREN)	

Name	
Relationship	Ph
Role I would like them to take (E.G. FEED MY CAT)	

Name	
Relationship	Ph
Role I would like them to take (E.G. MANAGE MY ACCOUNTS)	

I WOULD PREFER THE FOLLOWING PEOPLE ARE NOT INVOLVED IN MY CARE OR TREATMENT

Name

Relationship/connection (OPTIONAL)

Name

Relationship/connection (OPTIONAL)

Name

Relationship/connection (OPTIONAL)

Name

Relationship/connection (OPTIONAL)

Healthy Tips:

- Visualise your goals
- Reward yourself for positive steps (often!)
- Seek out supportive friends and family
- Talk with your keyworkers
- Learn as much as you can about your illness
- Keep a diary or journal
- Exercise for fun and health
- Avoid stress
- Do things you like! Study, music, hobbies
- Don't forget to take your medication



"Be not afraid of life. Believe that life is worth living and your belief will help create the fact."

William James

For education, information, motivation and support visit NZ's online recovery resource

mindnz.co.nz 
helping change minds

TAPS no. NA1038