

Discharge Planning

AA/NA/Aftercare Meetings: Number per week:

Venue:	
Venue:	
Venue:	
Venue:	
Venue:	
Venue:	

Time:	
Time:	
Time:	
Time:	
Time:	
Time:	

Agree contact with sponsor/counselor times per week.
How, where and when?

Working a daily recovery programme-building a solid framework for your recovery:

a) Daily plan – When?

b) Relaxation/Meditation – How and When?

c) Reading recovery literature – What?

When?

d) Contact with recovering friends – Who?

When?

e) Creativity/Hobbies/Pastimes – What?

f) Physical Exercise – What/When?

h) Fun –What?

When?

What are your plans for Work/Training/Education?
Where, When, How?

How will you support yourself financially?

What Hobbies/Pastimes are you interested in pursuing?

In what ways will you nurture and express your creativity?

What feelings, situations, people or places etc. are dangerous for you?

In what constructive ways can you deal with these?

List 3 specific people on whom you can depend for help and support.

Name:

Phone Number(s):

Short Term Goals (first week):

Long Term Goal (Next 3 months)

I hereby make a commitment to carrying out the above sobriety plan. If I find I am unable to follow this plan, I will contact my counsellor to discuss ways to implement or to revise my plan.

Signed: _____

Date: _____