

SECTION II

MY RECOVERY PLAN

My Name:

Facility:

Facility staff name:

Date:

MHC staff name:

My Goals and required areas to be addressed	What I will do	What staff will do to support me	How I feel about this:	Minimum 6 month review Date/Outcome
Safety Harm in My Life If Not Applicable, check this box and move on to Medical <input type="checkbox"/>				
1) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
3) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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Medical | Health

1)Bowel Care See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
3) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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Mental Wellness | Mental Health

1) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
3) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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Medication Self-medication Y <input checked="" type="checkbox"/> N <input type="checkbox"/> (see MAR for list)
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1) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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Oral Care | Dental visits annually Y N | Oral Appliances Y N

1) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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Nutrition Diet				Special Y <input type="checkbox"/> N <input type="checkbox"/>
1) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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Recreation Leisure				
1) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) _____ See detailed plan Y <input type="checkbox"/> N <input type="checkbox"/>				

END of My Recovery Plan.