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Andy Beshear
 Governor

Relapse Prevention Plan

Participant Name: _____

Case Number: _____

- KARE for Nurses Program
- Probation

Please list five (5) triggers that you have identified that could lead to relapse:

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

Please name three (3) people you can talk to if you feel out of control:

| Name | Relation | Phone Number |
|------|----------|--------------|
| | | |
| | | |
| | | |

*Please talk to these individuals as soon as possible to make sure you can contact them if, and when, needed regardless of the hour.

If I should relapse, I agree to do the following within twenty-four (24) hours of my relapse unless indicated otherwise. (Please add your own additional plans to this list.)

| Check/Initial if applicable | To Do | Contact name and number |
|-----------------------------|--|-------------------------|
| | Attend a 12-step or board approved support group meeting | |
| | Call my sponsor | |
| | Contact my compliance nurse investigator | |
| | Contact my treatment provider and return to treatment | |
| | | |
| | | |
| | | |
| | | |

Participant Name: _____

What is your biggest fear regarding relapse?

Why do you want to live a clean and sober life?

Participant Signature

Date

9/18/2006; 12/9/2015
jmc
3/17/2022; 10/10/2024
bks