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# KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300  
Louisville, Kentucky 40222-5172



Steven L. Beshear  
Governor

## Relapse Prevention Plan

Participant Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

- KARE
- 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 an AA/NA meeting	
	Call my sponsor	
	Contact my case manager	
	Contact my treatment provider and return to treatment	

**Participant Name:** \_\_\_\_\_

What is your biggest fear regarding relapse?

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

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\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

9/18/2006  
jmc