

CONTINUATION / MAINTENANCE PLAN FOR RELAPSE PREVENTION



Patient Name: _____ Date: _____

Contact Information:

Depression Care Manager: _____	Phone: _____
Next appointment: _____	_____
Date	Time

Maintenance Antidepressant Medications

1. _____	_____ tablet(s) of _____ mg	_____ times/day	Take at least until _____
2. _____	_____ tablet(s) of _____ mg	_____ times/day	Take at least until _____
3. _____	_____ tablet(s) of _____ mg	_____ times/day	Take at least until _____
4. _____	_____ tablet(s) of _____ mg	_____ times/day	Take at least until _____

Call your primary care provider or your depression care manager with questions. (See contact information above)

Other Treatments

1. _____
2. _____
3. _____

How to Minimize Stress from Depression

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Personal Warning Signs

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If symptoms return, contact:
