**Discharge Planning** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important ingredients in my wellness:

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Things I need to do daily to be well:

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Things I need to do weekly to be well:

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Things I need/ want to do once in a while (including ‘treats’):

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Expected challenges in transitioning out of LaCheim:

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Thoughts/ideas/ tentative schedule:

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**Schedule / Activities**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monday |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |