

COPE Community Crisis Plan

Client: _____

Date: _____

Needs and problems identified during today's assessment: _____

Strengths/Cultural Considerations: _____

Client Action Plan

- Contact Doctor to discuss changes in symptoms
- Take medications as prescribed
- Utilize PRN's
- Attend scheduled appointments/programs
- Contact family & friends for support
- Contact therapist
- Self Care
- _____

Goals/Recommendations Identified

Supportive resources to assist in crisis resolution (friends, family, community, professionals)

Released Signed

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Plan if crisis continues: Contact COPE 24-hours a day at: 612-596-1223 or personal doctor.

If I feel like doing harm, I will immediately call 911, call the COPE line 612-596-1223, or go directly to the hospital emergency department.

I agree to the above goals and recommendations

Client: _____

Date: _____

Crisis Worker: _____

Date: _____

*If you have any questions/concerns regarding the above, please call COPE.