



BEREAVEMENT REFERRAL & ASSESSMENT FORM

NAME : MALE/FEMALE/NON BINARY

DATE OF BIRTH:

How would you best describe your ethnic origin?

ADDRESS:

.....
.....
.....
.....
.....
.....

TEL NO(s):

HOME:.....

MOBILE:

WORK:.....

EMAIL:.....

DO WE HAVE PERMISSION TO LEAVE MESSAGES: YES / NO

NAME OF PERSON WHO HAS DIED:

RELATIONSHIP: DATE OF DEATH:

CAUSE OF DEATH: WHERE DID THEY DIE::

WHY ARE YOU SEEKING SUPPORT NOW?

OVERALL, HOW IS YOUR MOOD?

VERY GOOD 0 1 2 3 4 5 6 7 8 9 10 VERY BAD

HOW ARE YOU COPING WITH YOUR SITUATION?

COPING VERY WELL 0 1 2 3 4 5 6 7 8 9 10 NOT COPING

WHAT ARE YOU HOPING TO GET OUT OF THIS SUPPORT? WHAT ARE YOUR GOALS?



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HOW WILL YOU ENSURE THAT THESE GOALS ARE ACHIEVED?

WHO IS IN YOUR LIFE?

WHO IN YOUR LIFE IS SUPPORTIVE?

HAVE YOU HAD ANY OTHER COUNSELLING HELP?

HAVE YOU HAD HELP FROM MENTAL HEALTH SERVICES?

DID THESE HELP? IF SO, HOW?

HAVE YOU CONSIDERED HARMING YOURSELF?

PLEASE TICK APPROPRIATE BOX

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Adult Attitude to Grief scale	<i>Strongly agree</i>	<i>Agree</i>	<i>Neither agree nor disagree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
1. I FEEL ABLE TO FACE THE PAIN, WHICH COMES WITH LOSS.					
2. FOR ME, IT IS DIFFICULT TO SWITCH OFF THOUGHTS ABOUT THE PERSON I HAVE LOST.					
3. I FEEL VERY AWARE OF MY INNER STRENGTH WHEN FACED WITH GRIEF.					
4. I BELIEVE THAT I MUST BE BRAVE IN THE FACE OF LOSS.					
5. I FEEL THAT I WILL ALWAYS CARRY THE PAIN OF GRIEF WITH ME.					
6. FOR ME, IT IS IMPORTANT TO KEEP MY GRIEF UNDER CONTROL.					
7. LIFE HAS LESS MEANING FOR ME AFTER THIS LOSS.					
8. I THINK IT IS BEST JUST TO GET ON WITH LIFE IN SPIRE OF THIS LOSS					
9. IT MAY NOT ALWAYS FEEL LIKE IT BUT I DO BELIEVE THAT I WILL COME THROUGH THIS EXPERIENCE OF GRIEF.					

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ANY SPECIAL NEEDS?

**BEREAVEMENT SUPPORT:
USEFUL NUMBERS LIST**

PLEASE RETURN TO: Family Support, St Nicholas Hospice Care, Hardwick Lane, Bury St Edmunds, IP33 2QY

Tel No: 01284 715572

Email: Psychological.Services@stnh.org.uk

January 2022

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1 TO 1 SUPPORT

1:1 SUPPORT WILL BE FOR 6 SESSIONS INITIALLY AND WILL USE A FORM CALLED "THE AAG" (ADULT ATTITUDE TO GRIEF SCALE) AT THE BEGINNING AND END POINT. YOU WILL BE ALLOCATED A SKILLED LISTENER (BEREAVEMENT VISITOR) OR A MORE QUALIFIED MEMBER OF THE TEAM AS DEEMED APPROPRIATE BY THE BEREAVEMENT CO-ORDINATOR

THE SESSIONS WILL BE HELD VIRTUALLY EITHER OVER THE PHONE OR MICROSOFT TEAMS.

CONSENT:

ST NICHOLAS HOSPICE WE WILL HOLD INFORMATION ABOUT YOU IN RELATION TO THIS SERVICE. YOUR INFORMATION WILL BE MANAGED IN LINE WITH THE DATA PROTECTION ACT 2018 AND WILL ONLY BE ACCESSED BY STAFF WHO ARE PROVIDING THIS SERVICE.

YOU HAVE RIGHTS IN RELATION TO THE WAY WE USE YOUR INFORMATION. IF YOU NO LONGER WANT US TO USE YOUR INFORMATION AS EXPLAINED ABOVE, PLEASE CONTACT ST NICHOLAS HOSPICE CARE

ARE YOU HAPPY THAT WE SHARE YOUR INFORMATION WITH OTHER RELEVANT ORGANISATIONS/PROFESSIONALS WHO MAY BE INVOLVED IN YOUR CARE? YES NO

USEFUL NUMBERS:

SAMARITANS: 116 123

SOBS (SURVIVORS OF BEREAVEMENT BY SUICIDE): 0300 111 5065

CITIZENS ADVICE BUREAU: 0300 330 1151

SIGNATURE:

DATE: