Grief Support Group Adult Registration Form

Return by fax ______________________or by email ____________________________________

A. Individual Information

Name:____
(First) (Middle Initial) (Last)

Address:____

Home Telephone: ( )____________Cell phone: ( )___________Email_____________________

Date of Birth:__________________Current Age:_____________________Gender_____________

Religious Affiliation:_________________________Interests/Hobbies:________________________________

Employer:____________________________________Occupation:_______________________________

Marital Status:_____________________________________**(Single, Married, Divorced. Separated, Widowed)**

Name of Spouse:_______________________________________Number of year's married________

B. Bereavement History

Name of Deceased and Relationship to you	Date of Loss	Cause of Death

C. Family History

Members of your immediate household: (First and Last names)	Gender/ Age	Relationship to You

Do you have any concerns about your immediate family?____

D. Physical and Emotional Status:

Which of the following emotions and behaviors have you felt or demonstrated since the loss of your loved one? Please check any that may apply. Indicate with a P for past behaviors and a C for any current behaviors.

____Abandonment	____Grief	____Mood Changes
____Anger	____Guilt	____Panic
____Anxiety	____Happiness	____Resentment
____Depression	____Helplessness	____Relief
____Embarrassment	____Hallucinations	____Sadness
____Envy	____Hopelessness	____Social Withdrawal
____Fear/Phobias	____Joy	____Substance Abuse
____Frustration	____Loneliness	____Suicidal Thoughts

Have you received any professional counseling since the death of your loved one? (Psychiatrist, psychologist, social worker, pastoral counseling, etc.) If so, Please indicate the type of counseling you've received and the length of service. ________________________

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Is there anything we should know about your physical or emotional well being prior to group sessions? ____

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Are there any specific topics you'd like to discuss during this support group session? ______

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What are you hoping to gain from this support group session? __________________________

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Signature:____ **Date:**__________________

***All personal information will be kept strictly confidential and will only be shared with the group facilitator.**

Please FAX completed registration form to 804.526.4337