

MRN: _____

**BIG BEND HOSPICE
COMMUNITY COUNSELING INTAKE FORM**

PERSONAL INFORMATION

Full Name _____ Date of Birth: _____

Address _____ City/Zip _____

Preferred Telephone _____ Email _____

*How would you prefer us to contact you? _____ Telephone _____ Email _____

Contact Person in Case of Emergency _____ Phone _____

Relationship to you _____

Place of Employment _____

School (If client is a minor) _____

INFORMATION ABOUT THE DECEASED

Name of Deceased _____

Your Relationship to Deceased _____

Date of Death (month/date/year if known) _____

Was deceased a Big Bend Hospice patient? Yes _____ no _____

Cause of Death:

_____ Natural

_____ Homicide

_____ Accidental

_____ Infant/Early Loss

_____ Suicide

_____ Other: _____

Comments

OPTIONAL INFORMATION (FOR STATISTICAL PURPOSES ONLY)

Your Age _____ Your Gender _____

Race (Circle One)

Caucasian African-American Hispanic Native American Other _____

Marital status

_____ Single

_____ Widowed

_____ Married

_____ Divorced

Family Income (Used only for purposes of funding our community bereavement services)

Number of people in your family/household: _____

Mark the one that best describes your current level of income:

_____ \$11,490 or less

_____ \$27,571 - \$31,590

_____ \$15,510 - \$19,530

_____ \$31,591 - \$35,610

_____ \$19,531 - \$23,550

_____ \$35,611 - \$39,630

_____ \$23,551 - \$27,570

_____ \$39,631 or more

INFORMATION RE: COUNSELING AND PREVIOUS COPING

- Have you received support from other professionals or providers related to your loss prior to your visit to Big Bend Hospice today? If so, please describe:
- Reason you are seeking counseling today:
- Are you currently under the care of a medical provider and/or mental health provider? Yes or No If yes, please describe:

Current Medications :

**Please list medications you are currently taking and their purpose:

_____	For: _____
_____	For: _____
_____	For: _____
_____	For: _____
_____	For: _____

COPING

Please mark any of the below that apply to you and mark whether you them currently and/or in the past

	Current	Past	Comments
Alcohol or substance abuse			
Self-harming behaviors (i.e. cutting)			
Thoughts of suicide			
Hx of suicide attempt If yes, when?			
Other losses			
Trauma			
Other life stressors (including health problems)			

GOALS FOR GRIEF COUNSELING

- | | |
|---|--|
| <input type="checkbox"/> Safe place to express feelings | <input type="checkbox"/> Share memories of my loved one |
| <input type="checkbox"/> Learn about grief process | <input type="checkbox"/> Learn healthy ways to face life transitions |
| <input type="checkbox"/> Help manage pain of loss | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Learn new ways to cope | |
| <input type="checkbox"/> Resolve unfinished business | |

Do we have your permission to contact your physician and/or mental health provider to discuss goals for treatment? Yes or No

Comments:

TERMS OF AGREEMENT

I fully understand and accept the following terms of agreement listed below:

- I understand that the information in this document is confidential and will be released only in the event that there is concern for my physical safety or the safety of others.
- On occasion, Big Bend Hospice will receive a request for records for clients under our care. On these occasions, we will do our best to notify you about this request.
- I understand the Big Bend Hospice will complete an initial bereavement assessment to determine my eligibility and appropriateness for individual and group counseling.
- I understand that my Grief Counselor or Bereavement Manager may refer me to outside agencies or providers if they believe my needs are outside the scope of Big Bend Hospice Bereavement resources or expertise.
- I have received and understand the description of the Community Counseling services available by Big Bend Hospice.

Client Signature

Date

Parent/Guardian Signature

Date

Counselor Signature

Date

Office



your hometown hospice, licensed since 1983
1723 Mahan Center Blvd. Tallahassee, FL 32308
(850)878-5310 or 1-800-772-5862