

Community Grief Support

1119 Oxmoor Road | Homewood, AL 35209 | 205-870-8667 | www.communitygriefsupport.org

Confidentiality Notice: The following information is requested to assist us in providing services. Please review the accompanying Informed Consent document for information concerning our policy on confidentiality. **Statistical information gathered from responses on this form is used in obtaining funding to provide services and does not reveal your identity** (updated: April 2020).

Title: Mr. / Mrs. / Ms. / Dr. / Rev. _____

Name: _____ Date _____

Address: _____ City _____ St _____ Zip _____

Email Address: _____ Date of Birth: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person (Name, address & phone number) _____

_____ (Relationship) _____

Are you employed? Yes or No

Retired? Yes or No

What is/was your occupation _____

Employer (if applicable) _____

Your Physician(s) Name & Contact Information: _____

Deceased Was Your: (Circle One) spouse child parent grandparent sibling other

If other, please explain: _____

Name of the deceased: _____ If spouse, how long married _____

Cause of death _____ Age: _____ Date of loss: _____

Former employer of the deceased _____

Previous losses & dates _____

Have you had any counseling or psychiatric care? Yes or No Have you been part of a support group?

Yes or No

If Yes, Please Explain: _____

Please provide a current or previous list of medications:

Are you having or have you had suicidal thoughts? _____

Have you ever attempted suicide? _____

How did you learn about CGS? (Please include the name of the referral source.)

Pastor/Church _____ Hospice _____

Family Member _____ Physician _____

Employer _____

Other _____

Do we have your permission to thank the person who/agency that referred you to us? Yes or No

If yes, please provide contact information: _____

Please tell us how you hope we can help you: _____

