

Grief Support Groups General Information Sheet

Child's Name

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Today's Date

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Date that the Loss Occurred

		/			/		
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First time participant?

- Yes
 No

If no, how many times has your child participated prior to the current group?

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Child's Age

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Who Died?

- Parent(s) Please Specify: Mother Father
 Sibling
 Friend
 Relative specify _____
 Other specify _____

How close was the child to the person that died?

- not at all close
 somewhat close
 close
 pretty close
 very close

What was the cause of the death? (Please choose one)

- Illness
 Accident
 Sudden Death (e.g., heart attack)
 Suicide
 Homicide
 Other

Did the child witness the death?

- Yes
 No

With whom does the child currently live?

- Parent(s) Please Specify: Mother Father
 Sibling
 Friend
 Relative specify _____
 Other specify _____

Office Use Only

SITE#

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ID#

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Who provides the child's primary emotional support? (Fill all that apply)

- Parent
- Sibling
- Friend
- Relative specify_____
- Mental health practitioner specify_____
- Religious representative (e.g. nun, pastor, rabbi, priest)
- Other specify_____

What other losses has the child experienced in his or her lifetime? (Fill all that apply)

- Death of parent (please specify_____) Date of loss_____
- Death of sibling (please specify age of sibling_____) Date of loss_____
- Death of friend (please specify_____) Date of loss_____
- Death of relative (please specify_____) Date of loss_____
- Death of other significant person (please specify_____) Date of loss_____
- Loss of home (please specify_____) Date of loss_____
- Separation from sibling(s) (please specify_____) Date of loss_____
- Loss of biological family unit (___Foster care or ___Adoption) Date of loss_____

Had the child experienced any of the following prior to the loss? (Fill all that apply)

- Physical abuse when_____ Relationship to perpetrator_____
- Sexual abuse when_____ Relationship to perpetrator_____
- Depression when_____
- Suicide attempt(s) when_____
- Addiction/substance abuse when_____

Please provide contact information for the primary caregiver:

Name _____

Address _____

Phone Number _____

Relationship to child/teen _____

Intake Completed by:

Name _____

Date _____

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