

8-Week Support Group Registration

Name _____ Date _____

Address _____
Street City State Zip

Phone Number: Home _____ Work _____ T [àâ^ _____

Email: _____ Is it OK to contact you by email Yes No

Birth Date _____ Age _____ Faith Community _____ Occupation _____

Information about the Deceased

Name of Deceased _____ Relationship to Deceased _____

Date of Death _____ Age at Death _____ Place of Death _____

Cause of Death _____

Was the person who died a hospice patient? Yes No

If yes, please give the name of the hospice _____

Personal Information/Life Situation

Marital Status: Married Divorced Single Widowed Other _____

Who lives at home with you now? _____

Are there any children living at home? Yes No

If yes: Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Are you currently working? Yes ~~AAAAA~~ No ~~AA~~ What kind of work? _____

(Please continue on other side)

Are you currently receiving counseling care? Yes No

Therapist Name _____ Phone _____

Have you been diagnosed as having a mental health diagnosis? Yes No

If yes, please identify: _____

Have you seriously considered or attempted suicide? Yes No

If yes, please explain: _____

Are you currently receiving medical care? What kind? _____

If yes, what is your Physician's name? _____ Phone _____

Are you taking any medications regularly? Yes No

If yes, please list: _____

Have you ever abused drugs or alcohol? Yes No

If yes, please explain _____

Where did you hear about our Bereavement Services?

Hospice	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Church/Synagogue	<input type="checkbox"/>	Work	<input type="checkbox"/>
Therapist	<input type="checkbox"/>	Other	_____

Time of day I can attend a group (please check all that apply)

Morning Afternoon Evening

Please send completed application to the following:

griefsupport@myhalcyon.org

Fax: 303-394-0871 or 970-535-0871

Grief Services staff will contact you with the dates of the next group and to schedule an intake prior to the group. If you have any questions, please call Halcyon Grief Services at **720-325-2987**.

**Information included on this form is protected by the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and will remain confidential between the applicant and TRU group facilitators and will not be shared with the group without specific permission.