

Adult Bereavement Peer Support Group Intake Form

| | | |
|---|----------------------|----------|
| CM MAIL ID # | Date of Initial Call | CM Staff |
| How did s/he hear about CM'S Peer Support Groups? | | |

PERSONAL INFORMATION

| | | |
|---|---|--|
| Last Name | First Name | |
| Telephone Numbers | Home | |
| | Work | |
| | Cell | |
| E-mail: | | |
| Address (Street, City, State, Zip Code) | | |
| Age | Date of Birth | Sex: <input type="checkbox"/> F <input type="checkbox"/> M |
| Race/Ethnicity* | Military: <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Family Member <input type="checkbox"/> None | |
| Language Usually Spoken | Any Communication Aides Needed (ASL, Braille, etc): Mobility Accommodations: | |

*AIN-American Indian or Alaska Native A-Asian AA-Black or African American W-White/Caucasian
H-Hispanic/Latino ME- Middle Eastern/Arab NH- Native Hawaiian or Other Pacific Islander M-Multiracial

INFORMATION ABOUT LOSS

| Name | Relationship | Date of Death | Age | Cause of Death | Type of Death* | Onset ** |
|------|--------------|---------------|-----|----------------|----------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Type of Death: A-Accident H-Homicide I-Illness/Natural Causes S-Suicide W-War

**Onset of Death: S-Sudden (onset less than 1 week) R-Rapid (onset one week to six months) D-Delayed (Over 6 mos)

CARINGMATTERS SERVICES

| | |
|---|------------|
| Group Assigned | Date Began |
| Group Facilitators | |
| Referred to Any Other Services (Describe) | |

NOTES (Continue On Other Side)
