

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:	

*AI-N-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)
