Uplifted CARE
FOUNDED AS HOSPICE OF KANKAKEE VALLEY

Community Grief Center
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Bourbonnais, IL 60914
815.939.4141 | upliftedcare.org

# BEREAVEMENT COUNSELING CLIENT INTAKE FORM

## Client Information:

| | | |
|---|---|---|
| NAME: | | BIRTHDATE: |
| ADDRESS: | CITY/TOWN: | ZIP: |
| HOME PHONE: | MOBILE PHONE: | EMAIL: |
| MAY WE IDENTIFY OURSELVES/LEAVE A MESSAGE?: | | |
| HOME: YES☐ NO☐ | MOBILE: YES☐ NO☐ | EMAIL: YES☐ NO☐ |
| IN CASE OF EMERGENCY, PLEASE NOTIFY: NAME: | | |
| PHONE: | RELATIONSHIP TO CLIENT: | |
| How did you learn about our Bereavement Counseling?: | | |

## Current Household Members:

| NAME: | AGE: | RELATIONSHIP TO CLIENT: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Significant Loss You Have Experienced (death, relationships, employment, etc.):

Loss: When:

## Primary Supportive People:

Name: Relationship:

# SELF ASSESSMENT:

| Current Status: | Never | Sometimes | Often | Always |
|---|---|---|---|---|
| Sad | ☐ | ☐ | ☐ | ☐ |
| Lonely | ☐ | ☐ | ☐ | ☐ |
| Nervous/Restless | ☐ | ☐ | ☐ | ☐ |
| Angry | ☐ | ☐ | ☐ | ☐ |
| Guilty | ☐ | ☐ | ☐ | ☐ |
| Fearful | ☐ | ☐ | ☐ | ☐ |
| Poor Concentration | ☐ | ☐ | ☐ | ☐ |
| Low Energy/Motivation | ☐ | ☐ | ☐ | ☐ |
| Exhausted | ☐ | ☐ | ☐ | ☐ |
| Depressed | ☐ | ☐ | ☐ | ☐ |
| Weight Change | ☐ | ☐ | ☐ | ☐ |
| Sleep Problems | ☐ | ☐ | ☐ | ☐ |
| Relationship Problems | ☐ | ☐ | ☐ | ☐ |
| Problems at Home | ☐ | ☐ | ☐ | ☐ |
| Problems at Work | ☐ | ☐ | ☐ | ☐ |
| Unable to Control Emotions | ☐ | ☐ | ☐ | ☐ |

**Coping Skills You Have Used:**

- ☐ Keeping Busy
- ☐ Talking with Others
- ☐ Reading
- ☐ Writing
- ☐ Spirituality/Faith
- ☐ Physical Activity
- ☐ Music
- ☐ Art/Crafts
- ☐ Alcohol/Drugs
- ☐ Other_____
- ☐ Other_____

| Have You Ever: | Yes | No | If Yes, when? |
|---|---|---|---|
| Been emotionally, physically or sexually abused? | ☐ | ☐ | _____ |
| Been involved in a violent incident? | ☐ | ☐ | _____ |
| Experienced depression? | ☐ | ☐ | _____ |
| Had thoughts of suicide? | ☐ | ☐ | _____ |
| Had an eating disorder? | ☐ | ☐ | _____ |
| Had Anxiety Disorder or panic attacks? | ☐ | ☐ | _____ |
| Had delusions or hallucinations? | ☐ | ☐ | _____ |
| Had treatment for any of these? | ☐ | ☐ | _____ |

**At this point in time, what is the most difficult thing for you related to the death of your loved one?**

_____

_____

_____

_____

**What do you hope will improve/change as a result of Bereavement Counseling?**

_____

_____

_____

_____

# AGREEMENT FOR SERVICES:

**INFORMED CONSENT**

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Bereavement Counseling Services are provided free-of-charge to anyone, regardless of a client's age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law.

Clients will participate in the development of their treatment plan and have the right to receive clinically appropriate care suited to their needs.

Counseling sessions are about an hour long. If it is necessary to cancel an appointment, please let us know as soon as possible. ***After 2 cancellations or calls to reschedule, the bereavement counselor has the right to discontinue counseling services at that time. Bereavement counselor will review the circumstances with client and reschedule again at the bereavement counselor's discretion.***

Appointments start on time. If client is late, ending the appointment at the original ending time will be at the discretion of the counselor.

For safety reasons, no children under the age of 18 are to be left unattended in the lobby while their parent/guardian is in session with a counselor.

Clients have the right to terminate counseling at any time. It may become apparent to the client or counselor that services are no longer effective or sufficient. The counselor may suggest client seeks alternative or additional treatment. Counselor will make every effort to provide clients with appropriate referrals for other qualified professionals.

Grieving and healing is a process. The many documented benefits of grief counseling include clients maintaining a bond with the loved one who has died, clients experiencing a reduction in distressing emotions, clients feeling validated and understood, clients experiencing a positive impact on relationships and clients realizing improved coping. However, thinking about and discussing one's personal grief experience can be challenging at times. It is important to know this is a component of the grief and healing process.

I consent to receive bereavement counseling services from UpliftedCare. I also consent to receive services via telehealth/video conferencing, if applicable. I understand the limits of confidentiality, as described in UpliftedCare's Notice of Privacy Practices. These limits of confidentiality include: When there is evidence of child abuse or neglect, or when a client poses a serious threat to the health/safety of their self and/or other(s).

Signature_____Date_____

I acknowledge I have received a copy of UpliftedCare's Notice of Privacy Practices. I understand this document provides an explanation of the ways in which my information may be used or disclosed by UpliftedCare and includes my rights regarding my personal information.

Signature_____Date_____