**Bereavement Support Service-Initial Assessment**

Please complete and return this document to nlhbereavement@northlondonhospice.co.uk

|  |  |
| --- | --- |
| First Name: Middle Name:Surname: How would you like us to address you? Mr/ Miss / Mrs / Ms / Other Please specify ‘Other’  | Name of deceased: Their date of death: What was your relationship with the person that died? |
| Date of Birth: | Your phone number:Your email address:  |
| Your GP Practice:GP Contact Phone Number: | Emergency Contact (e.g., your NOK)Name:Phone: |
| Your home address: | How would you describe your ethnicity? |
| Preferred Weekdays: Preferred Time of Day:Please specify the type of support that you would prefer: Phone support / Face-to-face /video support or Walk and Talk Group | Medical/Additional are there any relevant needs we should be aware of?  |

**OUT OF 0-5 (5 being very much so), please state how you feel against the following statements:**

|  |  |
| --- | --- |
| I often feel overwhelmed by feelings of grief |  |
| I feel anxious since this special person in my life died |  |
| My grief makes it hard for me to cope with day-to-day situations  |  |
| I don’t really have anyone who is there for me |  |
| Previous life experiences have added to my sense of vulnerability in coping with this loss |  |
| I have other pressures at the moment which make life difficult  |  |
| I have no faith, belief system or other way in making sense of my loss |  |

Is there anything else you would like us to know?

Have you received Listening Support before? Yes No

x

We need to share your contact information with the volunteer/s who will be providing support. Please confirm that you consent to this by ticking the box below.

Yes No

Would you be happy for us to share your contact information for events within the hospice?

Yes No

Thank you for completing this assessment form. If we have any questions, we will give you a call. Otherwise, we will add you to our waiting list and one of our volunteers will contact you to arrange support.

Please contact us if you would like to talk through any of the above.

Signed: Date: / /

Print name:

Role (if completed by professional)