

First Name		Last	Name		
Gender	Race / Ethnic	city	D	OB (mm/do	d/yyyy)
Preferred Pronouns	: ☐ She/Her ☐ He/Hir	n □They/1	Γhem ☐ Self-Ide	entify:	
Address:		City		State	Zip
Main Phone (	)	Туре (с	ircle one): Cell	Home	Work
Secondary Phone (_		Ту	pe (circle one):	Cell Hor	ne Work
Can we leave a voic	e message?	No <u>Can we</u> :	send text messag	es / reminde	ers? 🗌 Yes 🔲 No
Email Address					*Your email is never shared
	I am not a Veteran 🔲 I a				
veteran status. 🗀	i ann not a veterall L l a	ama veterani	1 C110036 110f f	Judininy III	y veteran Status
Are you a registered	l organ donor? 🗌 Yes 🏻	□ No □ I d	don't know		
	d organ donor?	_	don't know		
Are you an organ do		□ No		1	Phone
Are you an organ do	onor recipient?	□ No		/	Phone
Are you an organ do	onor recipient?	□ No			Phone
Are you an organ do Emergency Contact Children Needing	onor recipient?	□ No Relat	ionship	1	Phone
Are you an organ do Emergency Contact  Children Needing  Please comple  Full Name	onor recipient?	No Relate	ionship		
Are you an organ do Emergency Contact  Children Needing Please comple  Full Name	onor recipient?    Yes    Services te the below information for an	No Relate that we have the control of the control o	ionship vill use Heartlinks eferred Name:		DOB
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## **About Your Loss**

Name of the person who died	Date of Death
Relationship to you	Relationship to children
Cause of death	
Was this person: $\Box$ Organ Donor $\Box$ Organ Recipient	t During Their Life 🔲 Unknown 🔲 None Apply
Any other details you'd like to share?	
Brief Mental Health History	
Have you ever been hospitalized for psychiatric reasons?	? 🗌 Yes 🗎 No If yes, when?
Have you ever had outpatient treatment by a psychiatris	st?
Have you ever received counseling in the past? $\Box$ Yes	No □ I am currently seeing a counselor
If yes, when and by whom?	
Please list any psychiatric medication you are currently taking or ho	ave taken:
Current Medication	
For Counseling Services:	For Group Services:
Appointment Availability: Select all that apply	$\Box$ Check this box if you are interested
$\square$ Morning $\square$ Afternoon $\square$ Evening	in attending grief support groups
Type of visit preferred:	Where did you hear about us?
$\square$ In Person Only $\square$ Virtual $\square$ Either	