Heartlinks
GRIEF CENTER
FROM GRIEF TO GROWTH

General Information

First Name _____ Last Name_____

Gender _____ Date of Birth (mm/dd/yyyy)_____ Current Age _____

Address_____ Race/Ethnicity _____

City_____ State_____ Zip Code_____

Main Phone (_____)_____-_____ Secondary Phone (_____)_____-_____

Can we leave a voice message? ☐ Yes ☐ No

Can we send text/emails? ☐ Yes ☐ No

Email _____

Current employer _____

How long? _____

Previous employer _____

Are you a registered organ donor? ☐ Yes ☐ No ☐ I don't know

Children needing services

Full Name_____ DOB _____

Gender_____ Race/Ethnicity_____

Age at time of loss _____

Full Name_____ DOB _____

Gender_____ Race/Ethnicity_____

Age at time of loss _____

Full Name_____ DOB _____

Gender_____ Race/Ethnicity_____

Age at time of loss _____

About your loss

Name of person who died _____

Relationship to client _____ Date of Death _____

Cause of Death _____

Any other details you'd like to share? _____

Were they an: ☐ Organ donor ☐ Organ donor recipient ☐ Unknown ☐ No

Brief mental health history

Have you ever been hospitalized for psychiatric reasons? ☐ YES ☐ NO

If yes, when and where?_____

Have you ever had outpatient treatment by a psychiatrist? ☐ YES ☐ NO

If yes, when and where?_____

Have you ever received counseling or psychotherapy in the past? ☐ YES ☐ NO

If yes, when and by whom?_____

Please list any psychiatric medication you have taken or are taking:

Medication	Frequency	Side Effects/Benefits

Please check all that apply:

- ☐ Depressed mood
- ☐ Changes in appetite
- ☐ Not enough sleep
- ☐ Too much sleep
- ☐ Sluggish
- ☐ Irritability
- ☐ Cannot concentrate
- ☐ Afraid to leave home
- ☐ Feel Guilty or worthless
- ☐ Excessive talking
- ☐ Racing thoughts
- ☐ Easily distracted
- ☐ Over working yourself
- ☐ Impusive Behavior
- ☐ Mood Swings
- ☐ Hopelessness
- ☐ Anger
- ☐ Nightmares

Do you prefer in person visits or virtual?

- ☐ In person only **Waiting time to be seen may be longer*
- ☐ Virtual only
- ☐ Either

Where did you hear about us?

_____

Anything else you'd like us to know?

_____

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