IA#: _____
DOD: _____
Intake Date: _____
Assessment Date: _____
Completed By: _____

Client Intake Form

These questions are intended to obtain an understanding of your particular situation.

- *All information is private and confidential; no one external to Barrie Family Hospice of Elgin is permitted this material without your written consent.*

Part 1: Client Information

Last Name: _____ **First Name:** _____

Address: _____

Email Address: _____ **DOB:** _____

Phone: ***Home:*** _____ ***Work:*** _____ ***Cell:*** _____

Emergency Contact Name: _____

Relationship: _____ **Phone:** _____

Is your Emergency Contact aware you are taking part in this program? Yes _____ **No** _____

Other Languages Spoken: _____

Are there any meaningful cultural or spiritual practices you'd like to honour during your care?

_____

_____

Referral Source:

_____

Is there anything we can do to help make your experience more comfortable or accessible?

_____

Part 2: Deceased's Information (Optional)

Last Name: _____ **First Name:** _____

Relationship To the Client: _____

Services of Interest

- ☐ Grief and Bereavement Therapy/ Counselling
- ☐ Grief and Bereavement Support Groups

Please use this space to share any important details; including what your current Grief and Bereavement goals are:

_____

_____

_____

_____

_____

_____

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_____