

## REFERRAL FOR BEREAVEMENT FOLLOW-UP

**To:** \_\_\_\_\_ (Bereavement Care Provider Partners)  
**From:** \_\_\_\_\_ (Site where medical care was given deceased)  
**Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Patient's Name:** \_\_\_\_\_ **Record #:** \_\_\_\_\_

**Bereavement Services Requested for:**

**Name:** \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_

High Risk Grief Responses Noted:

<input type="checkbox"/> Severe self-reproach/guilt/blame	<input type="checkbox"/> Labile emotions
<input type="checkbox"/> Multiple losses	<input type="checkbox"/> Health concerns
<input type="checkbox"/> Support system lacking	<input type="checkbox"/> Unresolved issues
<input type="checkbox"/> Difficult family dynamics	<input type="checkbox"/> Practical concerns
<input type="checkbox"/> Circumstances of patient's death: _____	

Special considerations about patient (role in family, age, etc.) \_\_\_\_\_  
\_\_\_\_\_

Life situation:

<input type="checkbox"/> Minor children in home	<input type="checkbox"/> Caregiver for others
<input type="checkbox"/> Will now be living alone	<input type="checkbox"/> Significant other or partner of deceased
<input type="checkbox"/> Other: _____	

Spirituality:

<input type="checkbox"/> A source of support and connection	
<input type="checkbox"/> A current crisis	<input type="checkbox"/> Estranged from faith traditions
Describe, if possible: _____	

Strengths:

<input type="checkbox"/> Positive coping skills	<input type="checkbox"/> Independent
<input type="checkbox"/> Strong support system	<input type="checkbox"/> Able to resume meaningful life
<input type="checkbox"/> Communicates openly	
Other: _____	

Additional comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:**

**This person is aware that I have made this referral.**  
 **He or she is receptive to receiving contact for bereavement care.**  
 **This person is not aware that I am concerned.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_