

## M.O.M. Grief Support Group Registration Form

### A. Individual Information

Name: \_\_\_\_\_  
(First ) (Middle Initial) (Last)

Address: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender \_\_\_\_\_

Religious  
Affiliation: \_\_\_\_\_ Interests/Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (Single, Married, Divorced, Separated, Widowed)

Name of Spouse (if applicable): \_\_\_\_\_

### B. Bereavement History

Name of Deceased & Relationship to you	Date of Loss	Cause of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### C. Family History

Members of your immediate household: (First and Last names)	Gender/ Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any concerns about your immediate family?  
\_\_\_\_\_

## D. Physical and Emotional Status:

Which of the following emotions and behaviors have you felt or demonstrated since the loss of your loved one? Please check any that may apply:

- Abandonment
- Anger
- Anxiety
- Depression
- Embarrassment
- Envy
- Fear/Phobias
- Frustration
- Grief
- Guilt
- Happiness
- Helplessness
- Hallucinations
- Hopelessness
- Joy
- Loneliness
- Mood Changes
- Panic
- Resentment
- Relief
- Sadness
- Social Withdrawal
- Substance Abuse
- Suicidal Thoughts

Have you received any professional counseling since the death of your loved one? If not, do you need assistance in locating one? \_\_\_\_\_

Is there anything we should know about your physical or emotional well being prior to group sessions?  
\_\_\_\_\_

Are there any specific topics you'd like to discuss during this support group session?  
\_\_\_\_\_

What are you hoping to gain from this support group session?  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*All personal information will be kept strictly confidential and will only be shared with the group facilitator.**