



INTAKE INFORMATION-YOUNG ADULT GRIEF GROUPS

Name _____ Date of Birth _____

With whom do you live? _____

Address _____ City _____ ST _____ Zip _____

Home phone _____ Work Phone _____

Pager/Cell _____ Email Address _____

Employer: _____ Occupation: _____

Type of Loss:

<input type="checkbox"/>	Death	Name of Deceased: _____	Relationship _____ <small>(i.e. mother, father, etc...)</small>
	Date of Death	_____	Cause _____

<input type="checkbox"/>	Divorce	When filed _____	Relationship _____ <small>(i.e. parents, grandparents, etc...)</small>
--------------------------	---------	------------------	---

<input type="checkbox"/>	Other	Please explain: _____ _____
	When	_____
	Relationship	_____

Reasons, hopes and/or expectations for coming to Calm Waters _____

Do you have family/friends with whom you can talk? Yes No

Do you attend any other support groups? Yes No

If yes, which ones? _____

Have you moved recently? Yes No

Have there been any other changes in the your environment (school, work,home) ? If yes, please explain:

Do you currently use alcohol, drugs or medications? Yes No

If yes, please explain: _____

Have you exhibited any physical symptoms/illness in the last year? Yes No

If yes, please explain: _____

Mood/emotions (Check all that apply)

- Shock Fear Denial Sorrow Anger Guilt
 Depression Thoughts of Suicide

What are your hobbies/interests? _____

Have you received counseling within the last year? Yes No

Counselor's Name: _____ Telephone: _____

Is there any additional information we should have about you? _____

Please note: The following information requested is optional and is used for research purposes so we may continue free support groups

Spiritual or religious preference _____

Ethnic group _____

Total Yearly Family Income:

- under \$25,000 \$25,000-\$34,999 \$35,000-\$49,999 \$50,000-\$74,999
 \$75,000-\$99,999 \$100,000+

How did you hear about the Calm Waters program? Radio TV Newspaper _____

Therapist Attorney School Counselor Social Worker Church Friend

Other _____

Signature: _____ Date: _____