



Bereavement Counselling Referral form

Please post to St. Clare's Hospice for the attention of Jill Hedley, Bereavement Coordinator or fax to 01914516356 / 01914516381 or email to jill.hedley@stft.nhs.uk

Referral date:.....Received by:.....

Initial Referral from:.....Job Title:.....

Contact/ Tel No.:.....

Inform Referrer of length of waiting list.....

Client Information:

Last name:.....First name:.....Mr./ Mrs. / Miss

Address:.....

Postcode:.....

Tel. No.:..... D.O.B:.....

Relationship to deceased:.....

Name of deceased:.....

Is length of bereavement at least 8 weeks?.....

G.P.:.....Tel. No.:.....

Address:.....

Brief History of bereavement:

.....
.....
.....

Does client have any known behavioural/ alcohol/drug problems?.....

Please comment:.....

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Are there any risk factors for the counsellor?.....

Counsellor section only:

Counsellor allocated:.....

Agreed no. of sessions:.....

Appropriate/ Inappropriate referral

Comment.....

For counsellor section only:

This is a **record of contact** of the periphery information you will be gathering prior to completing the session notes and will be needed for audit purposes. For example, from the counsellor whilst booking appointments, ie

29/7/2013 2pm rang to arrange appointment, no answer.

29/7/2013 3.05pm rang to arrange appointment, agreed 31/7/2013.

Record of contact