Bethesda
Supporting People in the Spirit of Christ

Bereavement Services Referral Form

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Address: _____ City: _____

Postal Code: _____ Telephone Number: _____

Referral Source: _____

Who is to be contacted to schedule the appointment? Individual ☐ Referral Source ☐

Is the contact information the same as above? If no, please enter: _____

Has consent been provided by individual or substitute decision maker ☒ Yes ☐ No

_____

Bereavement Supports for the Individual:

Session Times: Please note that sessions are held on Monday mornings only either by telephone or videoconference (in-person sessions are only available at our 3280 Schmon Parkway location in Thorold)

Please select which service(s) the individual is requesting:

☐Bereavement Sessions: *support and education around the stages of grief, feelings, faith and health practices*

☐Let's Talk: *education around changes leading up to a death or loss; role of hospitals, hospice, aging parents, life changes*

Briefly describe the individual's need:

_____

Bereavement Education for Staff and/or Caregivers – please select which service(s) is requested:

☐Bereavement Workshops for Staff and Caregivers: *how to support a grieving individual, what to say, how much to say, important dates to remember, triggers*

☐Team Support Sessions: *support for teams providing palliative care and/or support to individuals who are nearing the end of life; education around understanding ambiguous loss, unattended grief, compassion fatigue, disenfranchised grief, team talk*

Reason for Referral:

_____

Additional Information:

Please list any special considerations or accommodations (e.g., hearing, vision, visuals, communication skills, etc.) that will be helpful to make the sessions successful and more comfortable for the person:

_____

Please describe the individual's strengths and interests: _____

Please send completed referral forms to the attention of "Clinical Services Admin" by either email or fax:

- Email: ClinicalServicesAdmin@bethesdaservices.com
- Fax: 905-685-7093

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