



Grief Support Group Adult Enrollment Form

Name _____ DOB _____ Sex: M F

Address _____

City/State/Zip _____

Do you live within St. Louis City Limits? Yes No

If not, in what county do you live? _____

Phone: (Home) _____ (Work) _____

(Cell) _____

E-Mail address: _____

Place of Employment: _____

Who will be attending the support groups with you?	Your Relationship to him/her
_____	_____
_____	_____
_____	_____
_____	_____

Background information on the deceased individual(s).

Full Name: _____

His/Her relationship to you: _____

What is your relationship to him/her? _____

Date of Birth: _____ Date of Death: _____

Former Place of Employment (if applicable): _____

Nature of Death: please check all that apply

- | | | | |
|---------------|----------|--------------|------------------------------|
| Short Illness | Accident | Suicide | Cancer |
| Long Illness | Murder | Heart Attack | Other (please explain below) |

Please give a brief account of the death.

Please list **your** prior loss experiences (death, divorce, separation, job losses, physical abilities, unfulfilled dreams, etc.)

Please briefly describe your relationship with your child or each of your children. How well do you communicate, have there been changes since your loved one's death, etc?

Have you ever been involved in any other support group or participated in any professional counseling? If so, please explain:

Since your loved one's death, what has been the most difficult for you?

Right now, what is the hardest part for you since your loved one's death?

What do you hope to gain from attending the support groups?

Please share with us any social, emotional, physical or psychological struggles/challenges/limitations that you are experiencing now or in the past.

Are you allergic or fearful of dogs? Yes No

