SOLACE TREE FAMILY ORIENTATION QUESTIONNAIRE

Intake Date:					Facilitator Notes:					
Preference for Group Nigh	t: (check one	e box)		Ĭ						
☐ Monday ☐ Wednesday										
		- Carlotte						- 4 e		
Parent/Guardian's Name:			*		Spouse's Name:					
<u> </u>		100								
Street Addess:					Spouse's Employer:					
City/State/Zip:	70,000				Spouse's Work Phone#:					
							(44)			
Home Phone#:			-		Emergency Contact Person:					
Email:										
Employer:		-			Emergency Person's Phone#:					
Work Phone#:										
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Please list all partic	rinating fami	ly member	s inc	luding w	011.0	olf other adu	Its toons and shi	ildana.		
Full Name			Age Birthday		Medications		Allergy/M	Allergy/Medical Conditions		
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How was the deceased related to the child/teen?	Father	Step-Fath	ner	Brothe	er	Step-Brothe	r Grandparent	Other (Please Specity)		
				Sister			<u> </u>			
(Please check relevant boxes)	Mother	Step-Moti	tep-Mother			Step-Sister	Teen Friend			
How was the deceased	Wife	Ex-Wife		Son		Father	Brother	Other (Please Specity)		
related to you						. 🗆				
(Please check relevant boxes)	Husband	Ex-Husba	nd	d Daughte		Mother	Sister	,		
DOVE2						. Ц				

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Questions about the person who died:

Full Name: Age Birthday Date of Death The Person Died at:						
Deceased's employer prior to death: Deceased's	Full Name:	9 S		Age Bi	rthday	Date of Death
Deceased's employer prior to death: uestions about your family: that other deaths have your child/teen experienced and approximate dates? (friends, relatives, pets, ect.) that other Changes have your child/teen experienced (moved, changed schools, jobs, etc.) since the death PTIONAL	The Person Died at:	Home Hospital Ho	ospice 🗌 Work	Other		- 1 2 8
uestions about your family: hat other deaths have your child/teen experienced and approximate dates? (friends, relatives, pets, ect.) hat other Changes have your child/teen experienced (moved, changed schools, jobs, etc.) since the death PTIONAL Tamily's Nationality (ies)	Causes, Circumstances an	d Location of Death:				
westions about your family: hat other deaths have your child/teen experienced and approximate dates? (friends, relatives, pets, ect.) hat other Changes have your child/teen experienced (moved, changed schools, jobs, etc.) since the death PTIONAL Tamily's Nationality (ies)			29 18			
hat other deaths have your child/teen experienced and approximate dates? (friends, relatives, pets, ect.) hat other Changes have your child/teen experienced (moved, changed schools, jobs, etc.) since the death PTIONAL Family's Nationality (ies)	Deceased's employer pric	r to death:				
hat other deaths have your child/teen experienced and approximate dates? (friends, relatives, pets, ect.) hat other Changes have your child/teen experienced (moved, changed schools, jobs, etc.) since the death PTIONAL Family's Nationality (ies)						21.04.11
PTIONAL Family's Nationality (ies)	uestions about you	family:				
PTIONAL Family's Nationality (ies)	ary ary		annrovimate dates	? (friends relativ	as pats act	١
PTIONAL Caucasian/European American Native American India Asian American Latin American/Hispanic Middle Eastern American Other Camily's Religious Affiliation (s):		di ciliu) teen experienced and	approximate dates	i (irienus, reiauv	es, pets, ect.	1
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Family's Nationality (ies)		E		***************************************		-
Family's Nationality (ies)						
Asian American	PTIONAL					i i
Family's Religious Affiliation (s): ow did you hear about The Solace Tree?	amily's Nationality (ies)	☐ African American	☐ Caucasian/Eur	opean American	☐ Native	American Indian
ow did γου hear about The Solace Tree?			☐ Middle Easter	n American	☐ Other	
	amily's Religious Affiliati	on (s):				
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