



## Adult Service - Registration Form

<b>Date of referral:</b>	
<b>Name:</b>	
<b>Home tel:</b>	
<b>Mobile:</b>	
<b>Email:</b>	
<b>Address:</b>	

<b>Gender:</b>	<b>Male/Female</b>
<b>Date of birth:</b>	
<b>Occupation:</b>	
<b>Disability</b>	<b>Yes/No</b> <b>If yes, please give details:</b>
<b>Ethnicity:</b>	White British <input type="radio"/> White Irish <input type="radio"/> Any other White <input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Any other Black <input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> White/Caribbean <input type="radio"/> White/ African <input type="radio"/> White/Asian <input type="radio"/> Chinese <input type="radio"/> Any other Mixed <input type="radio"/> Traveller <input type="radio"/> Other <input type="radio"/>
<b>GP's name and surgery:</b>	
<b>Are you on any medication?</b>	<b>Yes/No</b> <b>If yes, please give details:</b>
<b>Have you received any form of counselling/psychological support?</b>	<b>Yes/No</b> <b>If yes, please give details:</b>
<b>Have you received psychiatric treatment?</b>	<b>Yes/No</b> <b>If yes, please give details:</b>

## DETAILS OF BEREAVEMENT

<b>Name of deceased?</b>	
<b>Date of death?</b>	
<b>Age at death?</b>	
<b>Any other details/comments you wish to add about the death?</b>	

If you have suffered more than one bereavement, please complete the following:

<b>Name of deceased?</b>	
<b>Date of death?</b>	
<b>Age at death?</b>	
<b>Any other details/comments you wish to add about the death?</b>	

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**FAMILY BACKGROUND**

<b>Marital Status:</b>	
<b>Have you any children?</b>	<b>Yes/No</b> <b>If yes, please give details:</b>
<b>Details of Parents:</b>	<b>Age of Mother:</b> <b>Occupation of Mother:</b> <b>Age of Father:</b> <b>Occupation of Father:</b>
<b>Details of Siblings:</b>	<b>Age and occupation of siblings:</b>

<b>What is the reason for your seeking bereavement support now and what would you like to achieve?</b>	
<b>How did you hear about Bereavement Matters?</b>	

<b>Are any other agencies already involved with you or your family?</b> <b>Yes</b> <b>No</b>
<b>If yes, please give details here:</b>
<b>Have you contacted your GP about your bereavement?</b> <b>Yes</b> <b>No</b>
<b>If yes, please give details here:</b>

**PAYMENT**

Bereavement Matters is a charity, and as such, depends on client fees to survive.

Bereavement Matters operates a fee structure as follows:

- Initial Assessment: £30/£15 reduced fee for clients on mean-tested benefits
- Counselling session: £30 per session/£15 reduced fee for clients on mean-tested benefits

**No client is turned away on the basis of inability to pay. Such cases will be referred to the Clinical Team for discussion. Grants may be available for this purpose.**

**If you feel unable to pay, please still do attend your initial assessment appointment as we are able to offer further concessionary rates or even a free assessment if needed - this can be discussed in more detail at our first meeting.**

Please tick accordingly:

Have you included your payment of:

- £30
- £15 (if you are on means-tested benefits)
- I would like to discuss my ability to pay at the assessment

Please make cheques out to 'St Albans Bereavement Network'

Please return your form and payment to:

PO BOX 671  
ST ALBANS  
AL1 3ZX

I confirm that the information I have provided is complete and truthful:

**Client Signature:** .....

**Date:** ..... / ..... / .....

**FOR OFFICE USE ONLY**

**Date of receipt:**

**Payment included:** yes  no  **amount:** £30/£15

**Acknowledged on and by:**

**Date of Assessment:**