

Children's Intake Form

•	Child's Name				
•	Home Address				
•	Date of Birth				
•	School/Grade				
•	Parent/Guardian				
•	Phone – Primary				
•	Email				
	Bereavement History				
	Please include as mar	ny details as possible when answering the following questions.			
•	Name of the Deceased				
•	Relationship to Child				
•	Date of Death				
•	Age of deceased				
•	Cause of death				
•	Age of Child at time of d	eath			

•	Does your child speak openly about the person who died/Describe?
•	Please explain how your child indicates that he/she is grieving.
•	Is this your child's first experience with death?
	If no, please comment on other deaths your child has experienced.
•	Has your child received any grief support? • If yes, what type?
•	Briefly describe any other recent changes/stresses in your child's life.
•	Is your child displaying any behaviors/moods that have you concerned? *If yes, please explain.

•	Please	list your child's special interests or hobbies.	
•	Please	list any fun facts or special talents your child may have.	
•	Please	describe your child's personality/character traits.	
•	Does y	our child:	
	0	Select All	
	0	Enjoy music	
	0	Play an instrument	
	0	Enjoy/play sports	
	0	Enjoy arts/crafts	
•	Is there	e anything we should know to better serve your child?	
Parent Signature:			
Date:			
Witnes	s:		