



**THE GRIEFCARE PLACE**  
*Where Hope and Healing Live*

# Bereavement History

We want to know your child a little better and the special person he/she is mourning. Please feel free to include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible support for your child.

Child's Name \_\_\_\_\_ Nickname? \_\_\_\_\_

Who died? (Name and relationship)

\_\_\_\_\_

Date of death \_\_\_\_\_ Age of the child at time of death \_\_\_\_\_

What was the cause of death? (Illness, accident, suicide, homicide, sudden, anticipated )

\_\_\_\_\_

Where did this person die? \_\_\_\_\_ Was hospice involved? \_\_\_\_\_

Did the child witness the death? \_\_\_\_\_

Please check if either of the following statements are true:

Child/Adolescent has **not** been told the facts about the deceased's cause of death.

Child/Adolescent does **not** understand the facts about the deceased's cause of death.

If either is checked, help us understand \_\_\_\_\_

\_\_\_\_\_

Is this your child's first experience with death? Please list other family members but also consider neighbors, coaches, moving to another house or school district, friends who move away, deployed military personnel, going into foster care, loss of a pet, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there a funeral or memorial service? \_\_\_\_\_ If yes, did your child attend and what were your child's comments/reactions to the service? \_\_\_\_\_

\_\_\_\_\_

With whom does the child currently live? \_\_\_\_\_

Did the child live with the deceased? \_\_\_\_\_

How would you describe your family's communication style regarding the death?

- Open – we talk about everything and include the person who died
- Moderately – we do talk but do not intentionally discuss subjects that appear sensitive
- Very little -- we live in the same house but only talk or touch when needed
- Avoided – we are going out of our way to not talk or interact

Please explain how your child indicates that he/she is grieving. \_\_\_\_\_

Every loss in life naturally produces a reaction or response. The following list is common of children and adolescents. Place an "X" if your child has exhibited any of the following since the death of the loved one:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lack of energy                                      | <input type="checkbox"/> Behavior problems at school   | <input type="checkbox"/> Peer difficulties                            |
| <input type="checkbox"/> Withdrawn/Isolation                                 | <input type="checkbox"/> Behavior problems at home   | <input type="checkbox"/> Drug/Alcohol Use                             |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Running away from home  | <input type="checkbox"/> Causing harm to others                       |
| <input type="checkbox"/> Suicidal thoughts/talk                              | <input type="checkbox"/> Headaches, stomachaches   | <input type="checkbox"/> Lying  |
| <input type="checkbox"/> Difficulty concentrating                            | <input type="checkbox"/> Sleeping disturbances: (please circle:<br>Sleep walking, Bedwetting   | <input type="checkbox"/> Stealing                                     |
| <input type="checkbox"/> Causing harm to self                                | Nightmares, Night sweats)  | <input type="checkbox"/> Destruction of property                      |
| <input type="checkbox"/> Loss of interest in usual activities                | <input type="checkbox"/> Belief that death was his/her fault                                   | <input type="checkbox"/> Anger  |
| <input type="checkbox"/> Inappropriate sexual behavior                       | <input type="checkbox"/> Belief that death is a punishment                                     | <input type="checkbox"/> Disbelief                                    |
| <input type="checkbox"/> Special fears                                       | <input type="checkbox"/> Changes in attendance at school<br>(please circle: Increase/Decrease) | <input type="checkbox"/> Always trying to be in<br>control or perfect |
| <input type="checkbox"/> Sadness   | <input type="checkbox"/> Changes in weight<br>(Please circle: Increase/Decrease)               | <input type="checkbox"/> Changes in how he/she<br>feels about self    |
| <input type="checkbox"/> Worries about his/her safety<br>or safety of others |  |   |
| <input type="checkbox"/> Hyperactive/impulsive                               |  |   |

Has your child ever experienced any of the following prior to the loss?

Physical or sexual abuse \_\_\_\_\_ Suicide attempt \_\_\_\_\_ Addiction/Substance abuse \_\_\_\_\_

Has your child received any special assistance at school or professional support (i.e. school psychologist, peer support group?) \_\_\_\_\_

Has the school environment been supportive of your child or have there been problems since the death?

Has there been any other changes/stressors in your child's life (i.e. illness, relocation, divorce, remarriage, finances, other losses)? Please explain. \_\_\_\_\_

Are there any language, special needs or disability, cultural or religious aspects, family customs that we should be aware of to better serve your child? \_\_\_\_\_

(This information is voluntary and will only be used to help your child with the grieving process.)

Is your child displaying any behaviors/moods that have you concerned? \_\_\_\_\_

Is there anything else that you think we should know about regarding your child's needs? Continue on back.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child