



# NEAR NORTH PALLIATIVE CARE NETWORK

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## Near North Palliative Care Network Bereavement and Grief Services INDIVIDUAL SESSION REPORT

VOLUNTEER :

DATE:

CLIENT NUMBER / NAME	DATE OF INTAKE	DATE OF COMPLETION OF CLIENT ASSESSMENT	DATES OF FIRST AND LAST SESSIONS	TOTAL NUMBER OF SESSIONS	CLIENT JOINED DAY PROGRAM YES/NO	CLIENT IN GROUP SESSION WAITLIST YES/NO	DATE OF DISCHARGE / FILE CLOSURE

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