NEAR NORTH PALLIATIVE CARE NETWORK
347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1
Phone: (705) 497-9239 1-800-287-9441 Fax: (705) 497-1039
Mattawa: 705-744-3771 Sturgeon Falls: 705-753-5771
E-mail: office@nnpcn.com Website: www.nnpcn.com

CLIENT #

BEREAVEMENT CLIENT INTAKE

Intake Date: _______________
(MM/DD/YYYY)

Last Name: ________________ First Name: __________________ Phone #: ____________________ DOB: ________________
(MM/DD/YYYY)

Mailing Address: ____ City: ____________________________

Postal Code: ____________________ Email: _________________________________

Name of Deceased: ____ Date of Death: __________________________

Relationship to Deceased:

Wife ☐ Husband ☐
Daughter ☐ Son ☐
Sister ☐ Brother ☐
Mother ☐ Father ☐
Friend ☐
Other ☐ _________________________

Age at Death: ___________________________

Nature of Death:

Unexpected ☐ ________________________________
Illness/Long Term ☐ ________________________________
Suicide ☐ ________________________________

Was the deceased a client of NNPCN? YES ☐ NO ☐	**Are you currently being seen by a health care professional/ attending a support group/walk-in?** YES ☐ NO ☐
What are you looking for? Telephone Support ☐ Information Session ☐ Individual Session ☐ Group Session ☐ Anticipatory Grief Support ☐ Other (specify): ☐ ____ **Best time to contact you:** Morning ☐ Afternoon ☐ Evening ☐	Name/Title/Phone no. of your Health Care Professional(s) (area of specialization) and service(s) provided: Medical/Nursing:__________________________________ ____ ☐ Counseling. Area:________________________________ ☐ AA: ____ ☐ Mental Health:___________________________________ ☐ Drugs:____ ☐ Other (specify): _________________________________ ☐

How did you hear about our service? Brochure ☐ Family ☐ Friend ☐ Website ☐ Other (specify) ______________________________

Follow-up needed: YES ☐ NO ☐ **Specify:** Urgent ☐ Regular ☐ Complex ☐ Other (specify) ______________________________

____

____

Additional Information on Reverse ☐

DATABASE ONLY - CLIENT NUMBER:

Intake Date	**Intake by**	
Telephone Support ☐	Discharge Date	Discharge by
Information Session ☐	Discharge Date	Discharge by
Individual Session ☐	Discharge Date	Discharge by
Group Session ☐	Discharge Date	Discharge by
Re-contact Yes ☐ No ☐	**Archive Date**	**Archived by**

Confidentiality. *The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.*
© Near North Palliative Care Network 2012