



NEAR NORTH PALLIATIVE CARE NETWORK

347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1
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 Mattawa: 705-744-3771 Sturgeon-Falls: 705-753-5771
 E-mail: office@nnpcn.com Website: www.nnpcn.com

BEREAVEMENT CLIENT ASSESSMENT

Before completing this form, please refer to Form 21 STEPS, Step 4 Client Assessment.

CLIENT NAME:

CLIENT #:

FACILITATOR NAME:

FACILITATOR SIGNATURE:

DATE:

1. Review this information with the client (from Form 04a/b Client Intake):

- Where did you hear about NNPCN /who referred you to us?
- Have you previously received support from NNPCN? If yes, please explain:

2. Discuss the following with the client. Make this a conversational approach, appropriate for a “getting to know you” atmosphere.

SUPPORT

Sample lead-in question: *Are you on your own in all of this?*

| | |
|--|---------------|
| Does anyone live in your home with you? | |
| Do you have any pets? | |
| What is your support system? | |
| Do you have a family doctor? (If no, we recommend finding one for medical support) | |
| Is your family doctor aware that you are dealing with _____'s death? | |
| Do you have a therapist, counselor or someone providing spiritual support? | |
| Emergency contact : | Telephone no: |

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HEALTH AND WELLBEING

Sample lead-in question: *How are you feeling in general?*

| | |
|--|--|
| How is your appetite? Is this a change since the person's death? | |
| How are you sleeping? Is this a change since _____'s death? | |
| How is your energy level? Is this a change since the death? | |
| What are some of the things you do to cope with loss? How do you think you are doing? | |
| Are you depressed? How long have you been aware that you are depressed? | |
| Is this a change since _____'s death? | |
| Have you been depressed before? | |
| How have you managed depression previously? Is your doctor aware of your depression? If answer here is no , strongly encourage person to contact their doctor to inform them of the depression. | |

SOCIAL SUPPORT

Sample lead-in question: *Have your social activities changed at all?*

| | |
|---|--|
| Are you currently working, volunteering, or do you have childcare responsibilities? How many hours per day? | |
| Do you have groups or activities outside the home, such as social group, recreation, faith community, etc? | |
| Do people call you to offer support? | |
| Do you find yourself isolated from friends and activities? | |
| Is there any difference now in these social relationships? | |
| What are your hobbies? | |

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SPIRITUAL FACTORS

| | |
|---|--|
| Are you looking for or do you have spiritual support? | |
| Did you and _____ talk about your beliefs? | |
| Are you meeting with someone for spiritual support? (get contact info with their consent) | |

PHYSICAL PERSPECTIVE: DAILY FUNCTIONING

Sample lead-in question: *What is a normal day for you?*

| | |
|---|--|
| What do you do to help yourself to get through the day? | |
| Is there a time of day that is especially hard for you? | |
| How do you motivate yourself to get up in the morning? | |
| How do you motivate yourself to do the tasks of grocery shopping, taking care of the house/apartment, banking and other chores? | |

COGNITIVE PERSPECTIVE

Sample lead-in question: *How is your concentration?*

| | |
|---|--|
| How is your concentration? Is this a change since _____'s death? | |
| How is your memory? Is this a change since _____'s death? | |
| Do you have any literature to help you understand what you may be thinking and feeling? | |

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EMOTIONAL PERSPECTIVE

Sample lead-in question: *How do you manage your everyday stresses?*

| | |
|--|--|
| How do you cope with stress? | |
| Is it difficult for you to express your feelings (anger, sadness, fear, joy, anxiety, peace, etc) | |
| Can you express them when you are alone? | |

PERSONAL LOSS HISTORY

Sample lead-in question: *Have you had other significant losses in your life – job, house, divorce, pet, etc*

| | |
|--|--|
| Are there other losses or deaths that you have become aware of since _____'s death? Could you talk a little about it? | |
| How did you manage to come through that loss / death? | |
| How did your family experience death and funerals? | |
| What were the ways your family dealt with death? | |

FURTHER INFORMATION

Please add here any further relevant information provided by the client.

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