



Hospicare and Palliative Care Services of Tompkins County

Bereavement Support Group Registration

So that everyone may receive the maximum benefit from this group, we ask that each person pre-register by completing this form, as well as meeting (by phone or in person) with one of the facilitators prior to the group's first meeting. Also, we ask that you commit to attending all six sessions. Of course, if an emergency does arise and you are unable to attend a session, we ask that you contact us prior to the meeting.

Please provide the following information about yourself:

Name: _____ Age: _____

How best to contact you: Telephone/s: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Are you currently receiving any medical care? Yes No

If yes, please explain: _____

Are you currently receiving any counseling or psychiatric care? Yes No

If yes, what is your counselor/therapist's name? _____
(We would not contact this person without your written permission.)

Were you referred by, or have you spoken to, your therapist about joining this group? Yes No

Please provide the following information about the person who died:

Was your loved one a Hospice patient? Yes No

Name: _____ Relationship: _____

Date of Death: _____ Age at Death: _____ Cause of Death: _____

Please list any other significant losses in your life: _____

How did you hear about our Bereavement Support Groups? _____

Please send completed form to: Hospicare and Palliative Care Services
Attn: Donna George
172 East King Road, Ithaca, NY 14850