



135 Main St W ~ Listowel ON~ N4W 1A2 ~ 519-291-5141

admin@northperthcommunityhospice.com ~www.northperthcommunityhospice.org

### Grief Recovery Program Registration Form

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Email:</b>
Is it okay to leave you a message: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Preferred method of contact:

Can you tell us a little more about your loss?
When did your loss occur?
Was this loss sudden or expected?

#### Preferred Method of Support:

☐ One-on-one ☐ Group ☐ Family ☐ Other: \_\_\_\_\_

#### Do you receive emotional support from:

☐ Family ☐ Friends ☐ Co-workers ☐ Faith community ☐ Therapist ☐ Support group

☐ Other: \_\_\_\_\_ ☐ None of the above



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### Additional Stressors:

☐ Work   ☐ Financial   ☐ Marital   ☐ Physical   ☐ Other deaths

Is there any additional information you think we should know?

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### How did you hear about this program?

☐ Family   ☐ Friend   ☐ Co-worker   ☐ Doctor   ☐ Social Service Agency   ☐ social media   ☐ Other: \_\_\_\_\_

### Consent

☐ By checking this box, I give permission for North Perth Community Hospice to share the above information with staff who are directly involved in the support program for which I/my family is/are registering. I understand that this program is being provided by a Certified Grief Recovery Specialist® and is not professional counselling or therapy.

Please return completed form to: jenna@northperthcommunityhospice.com

Or deliver/mail to:    North Perth Community Hospice  
                                 135 Main Street West  
                                 Listowel, ON  
                                 N4W 1A2