



## ***Snowline Bereavement Intake Form***

**Name of Bereaved:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**E-mail Address:**

**Relationship to Person Who Died:**

**Name of Person Who Died:**

**Date of Person's Death:**

**Age of the Person Who Died:**

**Cause of Person's Death:**

**Was this person a Snowline Patient?**

**Have you had any additional losses in your life?**

**How did you hear about Snowline's grief support groups/services?**

**Please indicate the group(s) you wish to attend:**

**Desired Time for Group:** \_\_\_\_ Morning \_\_\_\_ Afternoon \_\_\_\_ Evening

**Do you have any additional professional support and, if so, what ones (i.e.- Counselors, Therapists, Psychiatrists, Groups, etc.)? You do not need to be specific.**

**Is there any additional information that you feel would be helpful for our staff to know?**

**Once you have filled out this form, please email it to [Grief@snowlinehealth.org](mailto:Grief@snowlinehealth.org) with the subject line stating "Bereavement Intake Form Submission". Snowline will contact you very soon.**