



Adult Service - Registration Form

Date of referral:	
Name:	
Home tel:	
Mobile:	
Email:	
Address:	

Gender:	Male/Female
Date of birth:	
Occupation:	
Disability	Yes/No If yes, please give details:
Ethnicity:	White British <input type="radio"/> White Irish <input type="radio"/> Any other White <input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Any other Black <input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> White/Caribbean <input type="radio"/> White/ African <input type="radio"/> White/Asian <input type="radio"/> Chinese <input type="radio"/> Any other Mixed <input type="radio"/> Traveller <input type="radio"/> Other <input type="radio"/>
GP's name and surgery:	
Are you on any medication?	Yes/No If yes, please give details:
Have you received any form of counselling/psychological support?	Yes/No If yes, please give details:
Have you received psychiatric treatment?	Yes/No If yes, please give details:

DETAILS OF BEREAVEMENT

Name of deceased?	
Relationship to deceased?	
Date of death?	
Age at death?	
Any other details/comments you wish to add about the death?	

If you have suffered more than one bereavement, please complete the following:

Name of deceased?	
Relationship to deceased?	
Date of death?	
Age at death?	
Any other details/comments you wish to add about the death?	

Name of deceased?	
Relationship to deceased?	
Date of death?	
Age at death?	
Any other details/comments you wish to add about the death?	

FAMILY BACKGROUND

Marital Status:	
Have you any children?	Yes/No If yes, please give details:
Details of Parents:	Age of Mother: Occupation of Mother: Age of Father: Occupation of Father:
Details of Siblings:	Age and occupation of siblings:

What is the reason for your seeking bereavement support now and what would you like to achieve?	
How did you hear about Bereavement Matters?	

Are any other agencies already involved with you or your family? Yes No
If yes, please give details here:
Have you contacted your GP about your bereavement? Yes No
If yes, please give details here:

PAYMENT

Bereavement Matters is a charity, and as such, depends on client fees to survive.

Bereavement Matters operates a fee structure as follows:

- Initial Assessment: £35/£20 reduced fee for clients on mean-tested benefits
- Counselling session: £35 per session/£20 reduced fee for clients on limited income.

No client is turned away on the basis of inability to pay. Such cases will be referred to the Clinical Team for discussion. Grants may be available for this purpose.

If you feel unable to pay, please still do attend your initial assessment appointment as we are able to offer further concessionary rates or even a free assessment if needed - this can be discussed in more detail at our first meeting.

Please tick accordingly:

Have you included your payment of:

- £35
- £20 (if you are on limited income)
- I would like to discuss my ability to pay at the assessment

Please make cheques out to 'St Albans Bereavement Network'

Please return your form and payment to:

PO BOX 671
ST ALBANS
AL1 3ZX

I confirm that the information I have provided is complete and truthful:

Client Signature:

Date: / /

FOR OFFICE USE ONLY

Date of receipt:

Payment included: yes no **amount: £35/£20**

Acknowledged on and by:

Date of Assessment: