

Date: _____ Counselor: _____



The Amelia Center Family Questionnaire

In an effort to serve you and your family better, please take a few moments to fill out the questions below as completely as possible. Because The Amelia Center offers counseling services at no set fee to families, some of the information will be used to apply for grants and other funding. No identifying information will be released without your consent, unless required to do so by law. This information is for our files only so that we may continue to provide quality counseling services.

While The Amelia Center provides individual and support group services at no set fee to families, individual donations are greatly appreciated and encouraged. It is only through the generosity of friends like you that this service is available to grieving individuals and families. If you would like to make a tax-deductible donation, please ask the receptionist or your counselor for more information.

Client Information

Adult Clients and Parents/Caregivers: please fill out this page about yourself.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ E-Mail: _____

Employer: _____ Cell Phone/ Beeper: _____

Emergency Contact

Name: _____

Relationship to you: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Questions about the Person(s) who died

1

Full Name: _____

Mother Father Daughter Son Grandparent Spouse

Relative (specify) _____

Other (specify) _____

Birthdate: _____ Date of Death: _____

What was the cause of death?

Homicide Car Accident Suicide Accidental Drug Overdose

Accident (specify) _____

Illness (specify) _____

Approx. date of diagnosis of terminal illness: _____

Other information about the cause of death: _____

2

Full Name: _____

Mother Father Daughter Son Grandparent Spouse

Relative (specify) _____

Other (specify) _____

Birthdate: _____ Date of Death: _____

What was the cause of death?

Homicide Car Accident Suicide Accidental Drug Overdose

Accident (specify) _____

Illness (specify) _____

Approx. date of diagnosis of terminal illness: _____

Other information about the cause of death: _____

PLEASE LIST ANY ADDITIONAL DEATHS ON THE BACK OF THIS SHEET

Other Losses (Please specify all that apply)

Death of other significant person _____ Date of Loss: _____
Death of a pet _____ Date of Loss: _____
Loss of home/ moving _____ Date of Loss: _____
Change in schools _____ Date of Loss _____
Divorce _____ Date of Loss: _____
Separation from siblings _____ Date of Loss: _____
Loss of income _____ Date of Loss: _____

As a caregiver what have been your reactions to the death(s)

- | | |
|---|---|
| <input type="checkbox"/> Loss of concentration | <input type="checkbox"/> Significant change in appetite |
| <input type="checkbox"/> Significant change in sleeping | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Change in behavior | <input type="checkbox"/> Headaches/ Body-aches |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Nightmares/ Flashbacks |
| <input type="checkbox"/> Need for medication | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Increase in illness | <input type="checkbox"/> Anger/ Irritability |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Alcohol/ Substance Abuse |

Is there a family history of ADD/ADHD?

Are you or others attending counseling taking medication? (Please specify who and the medication)

Are you or others attending counseling currently seeing or recently seen another counselor? (Please specify)

What would you like the counselor to know about you?

The Amelia Center

A place of hope for grieving children, parents and families



CHILDREN'S
HEALTH SYSTEM®

Children are the center of our lives.

EXCEPTIONS TO PRIVACY

1. State law requires that our staff report to the appropriate authority any suspected physical, sexual, or emotional abuse and neglect.
2. If we learn that someone with whom we are working with has a specific intent to bring harm to himself/herself, we reserve the right to inform other family members and/or make appropriate referrals if necessary.
3. If we have reason to be concerned about the drug and/or alcohol use or abuse by a child or teen, we reserve the right to inform the parent or guardian.
4. If the court, including a subpoena, orders information, we will attempt to contact you about the order. If you oppose the release, the court may nevertheless require compliance.
5. If we learn that someone participating in the program might commit a violent act or a crime has been committed, we may take steps to protect the intended victim against such danger and/or inform the police.
6. The rights and exceptions to privacy apply to information disclosed in support groups. All group members are encouraged to keep such information confidential, but The Amelia Center cannot guarantee they will do so.

At times, The Amelia Center uses case examples of children, teens and their families in publishing journal articles, conducting professional training, and in fund raising efforts. We may anonymously refer to your situation in those circumstances. Your child, teen, or family's complete name will never be used without specific written approval.

Family Agreement Form

Before completing and signing this form, please read the Family Information Packet and discuss any questions you may have regarding the Exceptions to Privacy form or any information in the packet with your counselor.

1. We understand that The Amelia Center is a grief counseling center that provides individual counseling, group counseling, and educational opportunities on the subject of grief. Other issues may be referred to a more appropriate agency.
2. We agree to attend sessions regularly and promptly. We understand that if we are routinely late or routinely miss sessions without calling in advance, therapy may be discontinued.
3. We understand that children under 16 must be accompanied and supervised by a parent or another adult immediately before and after a session.
4. We have read and understand the "Exceptions to Privacy" form.
5. We understand that The Amelia Center may use pictures, photos, artwork, quotations, stories and/or writings for the purpose of training volunteers, newsletter articles and lectures. We understand that **NO identifying information** will be used unless we are informed and agree before hand.

Print names of adults, children, and teens

Signature of each

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____