



Burleigh Lane, Minchinhampton, GL5 2PQ
Tel: 01453 886868 Fax: 01453 885282

(Referral forms available to download from: <http://www.cotswoldcare.org.uk>)

Essential Client Details		PIN No (office use only):	
Surname:	Gender:	Client consent to referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name:	DOB:	Marital Status: M / W/ D/ S / Partner	
Address:	Does the client live alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Postcode:	Is the client registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tel:	Religion:		
Mobile:	Ethnicity:		
Client Next of Kin (if known) & relationship		Name of referrer (please print)	
Name:		
Address:	Job Title:		
Postcode:	Tel:	GP/Surgery or Hospital:	
Is GP aware of referral Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact No:	
GP Name:		Date:	
Surgery:		Main Carer (if different):	
Postcode:		Name:	
Tel:		Address:	
Fax:		Postcode:	
		Tel:	

1. Who have they been bereaved of (please give name and relationship)

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Date and place of death

Nature and length of illness

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2. What was the nature of the bereaved's relationship with the deceased (i.e. ambivalent, close, dependant, conflictual, estranged, difficult)?

Please comment:

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3. Has the bereaved experienced any other significant major losses or changes? **YES/NO**

If yes please give details

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Client Name:

Client DOB:

4. Is the bereaved facing additional future loss or changes? **YES/NO**
If yes please give details

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5. Does the bereaved have a history of any significant physical or mental illness? **YES/NO**
Please comment

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6. Do you have particular concerns about the bereaved's capacity to remain resilient? **YES/NO**
Please comment

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7. Is the bereaved currently:
Taking tranquillisers; antidepressants; other psychotropic drugs **YES/NO/DON'T KNOW**
Drinking excessive amount of alcohol/more than she/he usually does? **YES/NO/DON'T KNOW**
Please comment

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8. With regard to the deceased:

Was the care at home extremely stressful? **YES/NO/DON'T KNOW**

Were the changes in body image/personality distressing? **YES/NO/DON'T KNOW**

Was the death expected? **YES/NO/DON'T KNOW**

Was the death perceived as sudden? **YES/NO/DON'T KNOW**

Was the bereaved present at the death? **YES/NO/DON'T KNOW**

Was the death perceived as peaceful? **YES/NO/DON'T KNOW**

Did the family communicate and share feelings openly? **YES/NO/DON'T KNOW**

Additional comments

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PLEASE ENSURE THAT PTS ARE AWARE INFO WILL BE HELD ON COMPUTER ACCORDING TO THE DATA PROTECTION ACT.