



Douglas Center for Hope and Healing FAMILY ORIENTATION QUESTIONNAIRE

Intake Date:	
Name (or parent/guardian):	Spouse's Name:
Street Address:	Spouse's Employer:
City/State/Zip:	Spouse's Work Phone#:
Home Phone #: Email:	Emergency Contact Person:
Employer: Work Phone #:	Emergency Person's Phone #:

Please list all **participating** family members, including yourself, other adults, teens, and children

Full Name	Age	Birthday	Anniversaries	Medications	Allergy/Medical Condition

How was the deceased related to the child/teen? (Please check relevant boxes)	Father <input type="checkbox"/>	Step-Father <input type="checkbox"/>	Brother <input type="checkbox"/>	Step-Brother <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Other (Please Specify)
	Mother <input type="checkbox"/>	Step-Mother <input type="checkbox"/>	Sister <input type="checkbox"/>	Step-Sister <input type="checkbox"/>	Teen Friend <input type="checkbox"/>	
How was the deceased related to you? (Please check relevant boxes)	Husband <input type="checkbox"/>	Father <input type="checkbox"/>	Step-Father <input type="checkbox"/>	Brother <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Other (Please Specify)
	Wife <input type="checkbox"/>	Mother <input type="checkbox"/>	Step-Mother <input type="checkbox"/>	Sister <input type="checkbox"/>	Step-Sibling <input type="checkbox"/>	

Facilitators Notes:



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Questions about the person who died:

Full Name:	Age	Birthday	Date of Death
The Person Died at: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Work <input type="checkbox"/> Other _____			
Causes, Circumstance and Location of Death:			
Deceased's employer prior to death:			

Questions about your family:

What other deaths have you, your child or teen experienced and approximate dates? (friends, relative, pets, etc.)

What other changes have you, your child or teen experienced (moved, changed schools, jobs, etc.) since the death?

What support system do you have? (check all that apply)

- Extended Family Friends Church
 Support Group Coworkers Other _____

How did you hear about DCHH?

OPTIONAL

Families Nationality (ies)

<input type="checkbox"/> Asian American	<input type="checkbox"/> Caucasian/European American	<input type="checkbox"/> Native American India	<input type="checkbox"/> Other
<input type="checkbox"/> African American	<input type="checkbox"/> Latin American/Hispanic	<input type="checkbox"/> Middle Eastern American	

Family's Religious Affiliation(s):
