

SOLACE TREE FAMILY ORIENTATION QUESTIONNAIRE

Intake Date: Preference for Group Night: (check one box) <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday	Facilitator Notes:
Parent/Guardian's Name:	Spouse's Name:
Street Address:	Spouse's Employer:
City/State/Zip:	Spouse's Work Phone#:
Home Phone#:	Emergency Contact Person:
Email:	
Employer:	Emergency Person's Phone#:
Work Phone#:	

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

Full Name	Age	Birthday	Medications	Allergy/Medical Conditions

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 Specity)
	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)	Wife <input type="checkbox"/>	Ex-Wife <input type="checkbox"/>	Son <input type="checkbox"/>	Father <input type="checkbox"/>	Brother <input type="checkbox"/>	Other (Please Specity)
	Husband <input type="checkbox"/>	Ex-Husband <input type="checkbox"/>	Daughter <input type="checkbox"/>	Mother <input type="checkbox"/>	Sister <input type="checkbox"/>	

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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, Circumstances and Location of Death:			
Deceased's employer prior to death:			

Questions about your family:

What other deaths have your child/teen experienced and approximate dates? (friends, relatives, pets, ect.)

What other Changes have your child/teen experienced (moved, changed schools, jobs, etc.) since the death

OPTIONAL

Family's Nationality (ies)	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian/European American	<input type="checkbox"/> Native American Indian
<input type="checkbox"/> Asian American	<input type="checkbox"/> Latin American/Hispanic	<input type="checkbox"/> Middle Eastern American	<input type="checkbox"/> Other
Family's Religious Affiliation (s):			

How did you hear about The Solace Tree? _____

Date: _____