

# SOLACE TREE FAMILY ORIENTATION QUESTIONNAIRE

|   |                            |
|---|----------------------------|
| Intake Date:<br><br>Preference for Group Night: (check one box)<br><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?<br>(Please check relevant boxes) | Father<br><input type="checkbox"/>  | Step-Father<br><input type="checkbox"/> | Brother<br><input type="checkbox"/>  | Step-Brother<br><input type="checkbox"/> | Grandparent<br><input type="checkbox"/> | Other (Please Specity) |
|  | Mother<br><input type="checkbox"/>  | Step-Mother<br><input type="checkbox"/> | Sister<br><input type="checkbox"/>   | Step-Sister<br><input type="checkbox"/>  | Teen Friend<br><input type="checkbox"/> |                        |
| How was the deceased related to you<br>(Please check relevant boxes)             | Wife<br><input type="checkbox"/>    | Ex-Wife<br><input type="checkbox"/>     | Son<br><input type="checkbox"/>      | Father<br><input type="checkbox"/>       | Brother<br><input type="checkbox"/>     | Other (Please Specity) |
|  | Husband<br><input type="checkbox"/> | Ex-Husband<br><input type="checkbox"/>  | Daughter<br><input type="checkbox"/> | Mother<br><input type="checkbox"/>       | Sister<br><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.)

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

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## OPTIONAL

|   |  |  |   |
|---|--|--|---|
| <b>Family's Nationality (ies)</b>       | <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: \_\_\_\_\_