

Solace Tree

Orientation Questionnaire

Date:	Name:
Street Address:	
Phone:	Email:
Name of Employer:	

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

Full Name	Age	Date of Birth	Medications	Allergy/Medical Conditions	How was the individual related to the deceased?

Questions About the Person Who Died

Full Name:				
Age:	Date of Birth:		Date of Death:	
The person died at (please circle all that apply):				
Home	Hospital	Hospice	Work	Other: _____
Causes, Circumstances, and Location of Death:				

Questions About You and/or Your Family

What other deaths have you and/or your child/teen experienced and approximate dates?

(Friends, relatives, pets, etc.)

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

Optional

Family Nationality: Please circle all that apply.			
African American	Caucasian/European American	Native American	Pacific Islander American
Asian American	Latin/Hispanic American	Middle Eastern American	Other: _____
Family's Religious Affiliation(s):			

How did you hear about Solace Tree? _____