

# Grief Counseling Consent and Intake Form

## Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact Name

Emergency Contact Phone

## Grief/Loss Information

Who have you lost?

Relationship to you

Date of Loss

Briefly describe your loss and current feelings

## Counseling Goals

What do you hope to achieve through grief counseling?

## Relevant History

Have you previously attended counseling?

Please describe any relevant medical or mental health history

## Consent



I consent to participate in grief counseling and understand the information provided will be kept confidential except where disclosure is required by law.

Signature

Date