

BEREAVEMENT COUNSELLING REFERRAL FORM

Referral Guidelines

- Consent should be obtained before referral is made.
- Bereavement (loss of a loved one through death) should be the cause of loss.
- Counselling refers to therapeutic support to process grief and loss, and excludes befriending, emotional support and case management.
- Referred individual should possess cognitive capacity or insight for meaningful conversation to process grief and loss.
- One referral form shall be used for one bereaved individual only.

Please **password protect** the form before emailing to us at bereavementcare@assisihospice.org.sg

SOURCE OF REFERRAL		
Date of referral:	Referring staff:	Designation:
Institution:	Department:	Contact number:

PARTICULARS OF THE DECEASED PATIENT <i>(Mandatory input If deceased patient was cared for by Assisi Hospice)</i>			
<input type="checkbox"/> Check (✓) if this is a pre-bereavement referral made by Assisi Hospice Team			
Full name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death:	Religion:

PARTICULARS OF REFERRED INDIVIDUAL <i>All are Mandatory fields</i>		
Full name:	NRIC/ FIN no:	Age:
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others (please specify):
Nationality: <input type="checkbox"/> Singapore citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify):	Preferred spoken language(s): <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Others (please specify):	Religion: <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Christianity <input type="checkbox"/> Sikhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Taoism <input type="checkbox"/> Roman Catholicism <input type="checkbox"/> Agnosticism <input type="checkbox"/> Atheism <input type="checkbox"/> Others (please specify):

Contact number:	Preferred mode of contact: <input type="checkbox"/> WhatsApp message <input type="checkbox"/> SMS <input type="checkbox"/> Phone call	Primary caregiver for deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address:		
TYPE OF LOSS <i>(Pls tick accordingly)</i>		
<input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandchild <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Others (please specify):		
BEREAVEMENT RISK FACTORS <i>(Please tick accordingly)</i>		
<input type="checkbox"/> Death is perceived by the bereaved as sudden or premature <input type="checkbox"/> Death is perceived by the bereaved as preventable <input type="checkbox"/> Death happened in a violent manner, i.e., suicide death, violence, mutilation <input type="checkbox"/> Loss of a child <input type="checkbox"/> Multiple deaths/losses in the family <input type="checkbox"/> The deceased/patient has been the central figure in the referred individual's life <input type="checkbox"/> Limited social support <input type="checkbox"/> None of the above <i>(please indicate your concerns in the section below)</i>		
ISSUES OF CONCERN <i>(if any):</i>		
<input type="checkbox"/> Current suicide ideation due to the loss <input type="checkbox"/> Known mental health condition <input type="checkbox"/> Difficulty making sense of the loss <input type="checkbox"/> Impact from the prolonged caregiving role <input type="checkbox"/> Loss cannot be openly acknowledged as the relationship with one's loved one is not recognized socially, i.e., extra marital affair, same sex partner relationship, etc. <input type="checkbox"/> Others (please specify):		
RERERRER'S ASSESSMENT AND INPUT <i>(Required)</i>		

References

Six Risk Factors (Rando, 1993)

Twelve Risk Factors (Mckissock & Mckissock, 1998)