



Rehab/Palliative  
Care Program

# GRIEF and BEREAVEMENT REFERRAL



Please email completed form to  
[GriefandBereavement@NLHSS.onmicrosoft.com](mailto:GriefandBereavement@NLHSS.onmicrosoft.com)  
or Fax to: 709-777-7612

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: DD/MONTH/YYYY

Name(s) of Person Referred: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Next of Kin with Telephone: \_\_\_\_\_

Email (Optional): \_\_\_\_\_

Name of Palliative Patient or Deceased: \_\_\_\_\_

Relationship to the Palliative Patient or Deceased:  Very Close  Fairly Close  Some Conflict

Date of Death: DD/MONTH/YYYY Place of Death: \_\_\_\_\_

Circumstances/or Cause of Death:  Sudden  Suicide  Accident  Long Term Illness  
 Other: \_\_\_\_\_

Reaction to the Dying or Death: \_\_\_\_\_

Triggers for Grief: \_\_\_\_\_

What is of most concern about the grief of the person being referred?

Medical Concerns/Comments/Other:

Name of Family Physician: \_\_\_\_\_

Is the bereaved currently receiving any counselling or support elsewhere?  Yes  No

If yes, where: \_\_\_\_\_ with whom: \_\_\_\_\_ how often: \_\_\_\_\_

Referral Urgency:  High  Medium  Low

Is this a self-referral:  Yes  No If no, Referral Source: \_\_\_\_\_

Is client aware of referral:  Yes  No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: DD/MONTH/YYYY



### **Referral Criteria:**

- Clients are anyone who is experiencing anticipatory grief or grieving the death of a loved one(s). They may be individuals living with a life limiting illness, their family, friends, or caregivers.
- The primary presenting issue for support should be grief and/or bereavement.
- Referrals are always made with the permission of the client or clients.

### **Grief and Bereavement Patterns To Be Concerned About:**

- Avoiding any thoughts or feelings about one's own dying or the loved one's dying or death
- Significant preoccupation with the dying or death many months before it occurs or after it occurred
- Large memory gaps
- Flashbacks, hallucinations, and nightmares about the dying or death
- A continuing, significant disinterest in the activities of daily life
- "Worshipping" and over idealizing the person who died, so much that it interferes with daily life even months after the death
- Severe irritability and outbursts of anger toward others in the family and toward coworkers
- Feeling out of control and unable to cope for an extended period of time
- Using alcohol and/or drugs to keep from experiencing the pain of the grief process
- Avoiding all relationships for fear another loss will occur
- Flat affect – no emotion at all, even after the first few weeks following the death
- Continuing tension and insomnia that isn't relieved with relaxation techniques
- Ongoing physical symptoms such as heart palpitations, severe startle reflexes, cold sweats, and breathing difficulties
- The development of new problems sleeping, eating, or relaxing that weren't occurring prior to the terminal illness or prior to the death
- Feeling guilty about surviving when the loved one died
- Talking about suicide, especially if a plan is mentioned
- Calmly and methodically giving away possessions
- Significant detachment and withdrawal from significant others