

# Grief Counseling Intake Form

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

Date: \_\_\_\_\_

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

Phone: (home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Client referred by: \_\_\_\_\_

Deceased Person's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Death \_\_\_\_\_

Relationship to you \_\_\_\_\_

Circumstances of

Loss: \_\_\_\_\_

\_\_\_\_\_

What special concerns do you want to address through grief counseling? Your goals?

\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving any other counseling services? If so, for what issues?  
(Generalize)

\_\_\_\_\_

\_\_\_\_\_

Do you feel there may be any level of psychological danger? \_\_\_\_ Please briefly explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check any of the reactions you *currently* may be experiencing:

loneliness  anger  guilt  fear  relief  depression eating/sleep  
disturbances  restlessness  negative attitude  fatigue  lack of motivation  
 anxiety  hopelessness  loss of meaning  fatigue  forgetfulness  
 worrying  feeling 'foggy'  mood swings  poor concentration  joyless  
 doubting beliefs  future-less  irritability  shame  sense of isolation  
 difficulty with others' reactions  difficulty with the way others are showing or not showing  
their grief  Suicidal thoughts or ideation

**Additional Information For Pet Loss: (If Applicable)**

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**Pet's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Species:** \_\_\_\_\_  
**Date of Death:** \_\_\_\_\_

**Length of Relationship with Pet:** \_\_\_\_\_

**Circumstances of Loss:**

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