National Association for Loss & Grief (NSW) Inc

**NALAG Grief Support Branch**

***Please return completed form to*:**

**EMAIL**: griefsupport@live.com.au

**For more information: Phone** 02 9489 6644 or 0439 922 201

NALAG
National Association for Loss & Grief (NSW) Inc

**Registration Number:**

# Registration Form

## Personal Information

| ❑ Mr. ❑ Miss ❑ Ms. ❑ Mrs. | Family Name: | Given Names: | | | |
|---|---|---|---|---|---|
| *** If referral is for a minor please provide Parent/Guardians name/s below:** | | | **Birth date:** / / | **Age:** | **Sex:** ❑ F ❑ M |
| **Family Name:** | **Given Name:** | **Relationship to person referred:** | | | |
| **Street address:** | | **Town:** | **State** | **Postcode:** | |
| **Mobile Phone No:** | | **Home Phone No.:** | | | |
| **Work Phone No:** | | **Email Address:** | | | |
| **How did you hear about NALAG?** | | | | | |

## Statistics

| **Self Referral** | **Group Referral** | **Aboriginal or TSI** | **Disabled:** | **CALD:** |
|---|---|---|---|---|
| YES/NO | YES/NO | YES/NO | YES/NO | YES/NO |

## Referring Agency Information

| Is the client aware of the referral? YES/NO | Referring Agency: | |
|---|---|---|
| Caseworkers Name: | Phone No: | Fax Phone No: |

## Mental Health

| **Mental Health Issue:** | **Condition:** | **Diagnosed:** | **Medication:** |
|---|---|---|---|
| YES/NO | | YES/NO | YES/NO |
| **Is the client seeking assistance from any other agency or practitioner:** | | YES/NO | |
| List agencies/practitioner's name: | | Phone No: | |

| **Suicide Risk** | **Have you thought of taking your own life?** | **Do you have a plan?** | **Have you attempted suicide previously** | **Do you have the means?** |
|---|---|---|---|---|
| HIGH / LOW | YES / NO | YES / NO | YES / NO | YES / NO |

## Current Situation

**Losses:** *(Please circle)*

Death of Wife, Husband, Mother, Father, Sibling, Child, Grandparent/Divorce / Separation/Miscarriage/ Stillbirth Abortion/Infertility/ Illness/ Disability/Pet /Unemployment/ Financial/ Trauma/Other:

| **Date of Death (if applicable):** / / | **Are there any legal issues:** |
|---|---|

**Current situation/Background information**

*Please turn over*

**CONTACT PREFERENCE**: ☐ FACE TO FACE AT THE CENTRE ☐ TELEPHONE SUPPORT

## GENOGRAM

## Office Use Only

| Registration received: / / | Registration taken by: | **Registration Accepted:** YES/NO **(see notes)** | Date contact made with Client: / / | Date Volunteer Contacted: / / | **Database Updated:** | **NALAG ID:** |
|---|---|---|---|---|---|---|

| **Branch Assigned: DUB MUD MNC GS MiiN** | **Name of Volunteer assigned:** |
|---|---|

Notes: