NALAG Centre for Loss & Grief (NSW) Inc

NALAG Miindala/Bellingen Branch

PLEASE EMAIL COMPLETED FORM TO: miindala2013@nalag.org.au

For more information: Phone 0448 084 792

NALAG Centre for Loss & Grief

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: