



Eastern Health

Pastoral Care, Ethics,
and Bereavement
Services

GRIEF and BEREAVEMENT REFERRAL



Please email completed form to
GriefandBereavement@easternhealth.ca

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