

## Bereavement New Patient Questionnaire

All responses are confidential as described in the confidentiality agreement. Please return this to [elizabeth@greenheartguidance.com](mailto:elizabeth@greenheartguidance.com) at least 48 hours in advance of your appointment so I can review it before we speak.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone number \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact e-mail \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Therapist's name \_\_\_\_\_

Therapist's phone number \_\_\_\_\_

Please answer the following questions on an additional sheet of paper or add space between the numbers and answer here. All questions are optional though I would appreciate your answers.

1. What is your birthdate?
2. Are you partnered?
3. What are your children's names and ages or date of loss?
4. What is your religious belief system in a nutshell? If you are not atheistic or agnostic, what terms do you prefer to use? (God(s), Goddess(es), higher power, Universe, spirit guides, angels, etc.)
5. What is your profession(s)?
6. What are your hobbies?
7. If you are in the Austin area, who is your childbirth care provider?
8. If you are outside of the Austin area, are/were you using a doctor or midwife?
9. What are the biggest sources of stress in your life?
10. What are your greatest pleasures in life?
11. What would you like us to work on together?
12. Have you written your deceased child(ren)'s story yet? If you have, would you please share a copy with me?
13. Describe yourself in one paragraph.