



formerly HospiceCare of Boulder & Broomfield Counties

COMMUNITYCARE

Hospice | Supportive Services

Healing Circles: Emergency Information

Name:	Date of Birth
Emergency Contact Person (someone other than you)	Emergency Contact Phone#:
Relationship:	

Do you take medication or have any medical conditions that we should know about? If so, please list:

Name :	Medical condition:	Medication :
Name :	Medical condition:	Medication :

Do you have any allergies that we should know about? If so, please list:

Name:		Allergy:		Medication :	
Name:		Allergy:		Medication :	

Your School and Grade:	
Your Therapist/Counselor:	

Please indicate any changes in your child/teen's behavior since the death by placing a checkmark by any behaviors that apply.

Emotional

Please Describe

<input type="checkbox"/>	Depression (sadness, crying spells, listlessness)	
<input type="checkbox"/>	Irritability (anger, impatience)	
<input type="checkbox"/>	Feelings of self-blame and/or guilt	
<input type="checkbox"/>	Death anxiety (about death of self or others)	
<input type="checkbox"/>	Nervousness	
<input type="checkbox"/>	Emergence of phobias	
<input type="checkbox"/>	Denial of loss	
<input type="checkbox"/>	Difficulty talking about the deceased	
<input type="checkbox"/>	Self-destructive thoughts and/or behaviors	
Physical		



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	Physical symptoms (headaches, stomach pains, etc.)	
	Loss of appetite	
	Eating too much	
	Sleep disturbances (nightmares, insomnia, difficulty falling asleep or staying asleep)	
	Use of medications	
	Onset of stuttering	
	Frequency of accidents	
Social		
	Increased dependency	
	Social withdrawal	
	School/academic difficulties	
	Acting out behavior (deliberately misbehaving)	
	Aggressive thoughts and/or behaviors	
<p>I have an idea of what to expect from my grief process: (circle one)</p> <p>No idea 1 2 3 4 5 Very good idea</p>		
<p>I have an idea of what to expect from my child's or teen's grief process:</p> <p>No idea 1 2 3 4 5 Very good idea</p>		
<p>I have tools for coping with my grief:</p> <p>No tools 1 2 3 4 5 Many tools</p>		
<p>I have tools for supporting my child/teen in coping with grief:</p> <p style="text-align: center;">No tools 1 2 3 4 5 Many tools</p>		