

Alice House Hospice



Alice House Hospice
Serving the communities of
Hartlepool & East Durham

BEREAVEMENT COUNSELLING SERVICE REFERRAL FORM CONFIDENTIAL

Date of referral:	Written/phone:	Database No:
Name: Address: Phone no: Permission to leave a message? Y/N GP and surgery:	Date of birth: Referrer's name: Contact details:	
	In case of Child Referral: Parent or Guardian details: (including surname)	

Bereavement Referral	Anticipatory Grief Referral
Who died? Cause of death: Date of death:	Who is ill? Diagnosis: Relationship to patient:

Relevant details: Other services involved: Past mental health history: Risk factors:
