



Hospice of Douglas County

Bereavement Follow-up Documentation

Bereaved: _____ CLIENT: _____

TIME SINCE DEATH: 1 mo 2 mo 3 mo 6mo 9 mo 1 year

TYPE OF CONTACT: Wake/Funeral Visit Phone Card
 Other: _____

REPORT TIME:

Direct Time (visit/phone contact): _____ (record in quarter hour increments .25, .50, .75, 1.0)

Travel Time: _____ (record in quarter hour increments)

Miles Traveled: _____ (report miles here if requesting reimbursement)

HOW IS THE BEREAVED'S GRIEF BEING EXPERIENCED/EXPRESSED?

(Check where appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Weight (loss or gain) | <input type="checkbox"/> Finding comfort in religious beliefs/spiritual support |
| <input type="checkbox"/> Disbelief | <input type="checkbox"/> Feelings of going crazy |
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Anger/Bitterness |
| <input type="checkbox"/> Feelings of emptiness | <input type="checkbox"/> Suicidal thoughts (requires immediate hospice staff contact) |
| <input type="checkbox"/> Digestive disturbances | <input type="checkbox"/> Jealousy |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability/Impatience |
| <input type="checkbox"/> Sensing presence of deceased | <input type="checkbox"/> Guilt/Regret |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Relief/Release |
| <input type="checkbox"/> Inability to cry | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Frustration |
| <input type="checkbox"/> Keeping busy | <input type="checkbox"/> Anxiety/Nervousness |
| <input type="checkbox"/> Eating patterns disturbed | <input type="checkbox"/> Longing/Pining |
| <input type="checkbox"/> Sleeping patterns disturbed | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Disturbing dreams | <input type="checkbox"/> Frequent illness |
| <input type="checkbox"/> Feeling abandoned by God | <input type="checkbox"/> Feeling overwhelmed |
| <input type="checkbox"/> Inability to concentrate | |

COMMENTS:

FACTORS INFLUENCING THE GRIEF EXPERIENCE

(Check where appropriate and explain)

- | | |
|---|--|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Availability of support |
| <input type="checkbox"/> Health | <input type="checkbox"/> Previous loss experience |
| <input type="checkbox"/> Family | <input type="checkbox"/> Concurrent life/crisis |
| <input type="checkbox"/> Change in living situation | <input type="checkbox"/> Change in work situation |
| <input type="checkbox"/> Spiritual support | <input type="checkbox"/> Use of time: caregiving vs. no caregiving |

COMMENTS:

Bereaves Self-Assessment:

Does Bereaved indicate plans for future?

HOW IS BEREAVED DOING GRIEF WORK WITH YOU?

(Check where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Crying | <input type="checkbox"/> Adjust life routine |
| <input type="checkbox"/> Talking about illness and/or death | <input type="checkbox"/> Talking about relationship with deceased |
| <input type="checkbox"/> Talking about deceased | <input type="checkbox"/> Talking about the way death is affecting them now |
| <input type="checkbox"/> Memories and reminiscing | <input type="checkbox"/> Talking about ways of coping |
| <input type="checkbox"/> Spiritual support | |

WHAT DID YOU DO DURING THE CONTACT?

(Check where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Facilitating telling of story | <input type="checkbox"/> Affirmed good work in expressing grief |
| <input type="checkbox"/> Listened/reassurance given | <input type="checkbox"/> Helped to identify other supportive service |
| <input type="checkbox"/> Encouraged the expression of grief | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Validated normalcy of thoughts, feelings, behaviors of grief | |

FOLLOW-UP PLANS

(Check where appropriate)

COMMENTS

- | | |
|---|--|
| <input type="checkbox"/> Scheduled next contact | <input type="checkbox"/> Confer with Volunteer Coordinator |
| <input type="checkbox"/> Prepare bereaved for closure | <input type="checkbox"/> Case closed with this documentation |
| <input type="checkbox"/> Referral to Community Services | |

Date of Contact: _____

Signature: _____