

## VOLUNTEER BEREAVEMENT PHONE REFERRAL

|                      |             |                  |
|----------------------|-------------|------------------|
| <b>Name:</b>         |             | <b>PARIS ID:</b> |
| <b>DOB:</b>          | <b>Age:</b> | <b>PHN:</b>      |
| <b>Gender:</b>       |             | <b>Phone:</b>    |
| <b>Home Address:</b> |             |                  |

**Assessment Start Date:**

**Assessment End Date:**

**Carried Out By:**

### Background

Deceased Patient:

Date of Death:

Age:

Where did the patient die?

Length of illness:

Length of time on home care?

Primary Nurse:

Relationship to Deceased Patient?

### Languages and Communication

| Main | Language | Fluency | Interpreter Required | Comments |
|------|----------|---------|----------------------|----------|
|------|----------|---------|----------------------|----------|

### Contact Details

Home Phone:

Cell Phone:

### Details Important to the Phone Team

Please include the diagnosis, comment on circumstances surrounding death and any concerns about grief management which would be helpful for the volunteer to know

Was bereavement literature given?

☐ YES

☐ NO

Was the family informed of referral to phone team?

☐ YES

☐ NO

Phone calls will be made at 3, 6, 9 and 13 months and an anniversary card sent at 12 mon

### Needs

| Need | Post to C/P | Processed | Comments |
|------|-------------|-----------|----------|
|------|-------------|-----------|----------|

### Casenote

**Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

----- End of Report -----