HOPE REFERRAL FORM – SELF OR OTHER PROVIDER

To ensure appropriate support for people who have experienced the sudden and unexpected death of a loved one.

If you are a service provider or a person making a referral on someone else’s behalf, please ensure the person you are referring has consented to the referral.

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| --- | --- |
| Date:  | Either drop down calendar or auto populate with current date |

**PERSON MAKING REFERRAL**

|  |  |
| --- | --- |
| Name:  |   |
|  | DDB – self; hospital; GP; Other health Service; Community Service; Police; Funeral; Other (please specify)(If self is selected would be good if it then skipped next questions regarding referer details) |
| Agency Name: *(if applicable)* |  |
| Phone: |  |
| Email: |  |
|  |  |
| Has the person being referred consented to a Hope contact? | DDB – Yes; No |

**CLIENT DETAILS**

|  |  |
| --- | --- |
| Title:  | DDB: Mr; Mrs; Ms; Miss; Other  |
| First Name: |  |
| Last Name: |  |
| Gender:  | DDB: Male; Female; Non-binary; transgender; Intersex; I prefer not to say; Other  |
| Date of Birth:  | DDB – with calendar selection  |
| Address: | With sub headings Street; Suburb; State; Postcode |
| Phone: |  |
| Email: |  |
| Relationship to deceased: | DDB: Spouse; Parent; Sibling; Child; Grandparent; Other family; Friend; Workplace; Other |
| Do you identify as Aboriginal or Torres Strait Islander? | DDB: Yes; No; Prefer not to say |
| Do you require an interpreter?  | DDB: No; Yes (if yes please specify language) |
| Are you interested in: | Tick what applies. Grief Information; Support Groups; Counselling; Other (Please state); I don’t know. |
|  |  |

**DETAILS OF THE PERSON WHO DIED**

|  |  |
| --- | --- |
| Name:  |  |
| Age: | DDB: Less than 20 weeks gestation; 20-40 weeks gestation; Birth – 12 years; 13-17 years; 18-24 years; 25-44 years; 45-65 years; 65 + years |
| Time since death: | DDB: less than 4 weeks; 1-12 months; 1-5 years; 6-10 years; 11+ years |
| Cause of death: | DDB: Illness; Motor Vehicle Accident; Other Accident; Suicide; Substance Use; Early Pregnancy Loss; Sudden Medical Event; Still Birth; SUDI; Other |
| Is there anything else you would like us to know? | Allow sufficient space for typing |
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