

## REFERRAL TO AROHANUI HOSPICE BEREAVEMENT SERVICE

Please use this form to refer patients or family members who require bereavement support

Please Fax To: (06) 356 6631

PO Box 5349, Palmerston North 4414

Bereaved persons details if known (apply Bradma or complete details)	
Surname:	First Names:
Address:	
Email:	Telephone No:
Relationship to the deceased:	
DOB: Ethnicity:	Patient NHI:
Has this person consented to the referral and the forwarding of their information: Yes / No (select one)	
Usual accommodation: (select one)	Level of current support: (select one)
<ul> <li>Private residence (incl. retirement village)</li> <li>Residential aged care, low level care (level 2 rest home)</li> <li>Residential aged care, high level care (hospital level)</li> <li>Public Hospital</li> <li>Other (e.g. correctional facility)</li> </ul>	<ul> <li>□ Lives alone with no care/support provided</li> <li>□ Lives with others with no care/support provided</li> <li>□ Lives alone with external professional support</li> <li>□ Lives with others who provide care/support</li> <li>□ Lives with others with external professional support</li> <li>□ Not stated/inadequately described/not applicable</li> </ul>
Deceased Patient Details If Known (apply Bradm	a or complete details)
Surname:	First Names:
Address:	
Diagnosis:	DOB:DOD:
Reason for Referral:	
	PLEASE TURN OVER

Owner(s): Director Clinical Services - 1 - Review Date: 01/06/2014

Authorised by: Director Clinical Services Version: 1

(Reason for Referral continued)		
Risk Assessment		
☐ Traumatic witness	☐ Lack of social support	
☐ Death of a child	☐ Pre-existing factors (e.g. unresolved grief, alcohol, or	
Death of a child	drug dependency)	
$\square$ Centrality (person is the center of their world)	☐ Concurrent crises	
☐ Perceived preventability (i.e. believed by the relative/friend to be preventable).	☐ Overly prolonged dying	
☐ Ambivalence about the relationship	☐ Disrupted grief process (i.e. people who can't be there or are unable to be part of the normal grieving	
☐ Strictly defined role within the relationship	process).	
☐ Other significant deaths	☐ Family Discord	
	☐ Other	
Name of Defending Health Desfer dead		
Contact phone number:		
Signature:	Date	

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