

(Reason for Referral continued)

| Risk Assessment | |
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| <input type="checkbox"/> Traumatic witness | <input type="checkbox"/> Lack of social support |
| <input type="checkbox"/> Death of a child | <input type="checkbox"/> Pre-existing factors (e.g. unresolved grief, alcohol, or drug dependency) |
| <input type="checkbox"/> Centrality (person is the centre of their world) | <input type="checkbox"/> Concurrent crises |
| <input type="checkbox"/> Perceived preventability (i.e. believed by the relative/friend to be preventable) | <input type="checkbox"/> Overly prolonged dying |
| <input type="checkbox"/> Ambivalence about the relationship | <input type="checkbox"/> Disrupted grief process (i.e. people who can't be there or are unable to be part of the normal grieving process). |
| <input type="checkbox"/> Strictly defined role within the relationship | <input type="checkbox"/> Family Discord |
| <input type="checkbox"/> Other significant deaths | <input type="checkbox"/> Other |

| | |
|---|-----------------------------|
| Name of Referring Health Professional: _____ | |
| GP Practice or Hospital Clinic/Specialty: _____ | Contact phone number: _____ |
| Signature: _____ | Date: _____ |