

Life with Cancer
Good Grief Bereavement Group
Registration Form

- Family Center 9/13-11/1
- Loudoun 9/12-10/31 (spouse only)
- Fair Oaks 10/6-12/1
- Alexandria 10/13-12/8

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (c) _____ (o) _____

Others living with you _____

Name of person who has died _____ Age _____

Relationship to you _____ Date of death _____

If spouse/significant other, number of years married (together) _____

Type of cancer _____ Other _____

Other deaths in the past three years;

Relationship _____ Age _____ Cause _____

Other losses within the past year:

<input type="checkbox"/> Home	<input type="checkbox"/> Pet	<input type="checkbox"/> Independence	Other: _____
<input type="checkbox"/> Moving	<input type="checkbox"/> Job	<input type="checkbox"/> Friends	
<input type="checkbox"/> Divorce	<input type="checkbox"/> Health	<input type="checkbox"/> Financial	

Issues/concerns in your coping:

<input type="checkbox"/> Anger	<input type="checkbox"/> Sad	<input type="checkbox"/> Feeling hopeless	Other: _____
<input type="checkbox"/> Guilt	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Feeling suicide	
<input type="checkbox"/> Depressed	<input type="checkbox"/> Fears	<input type="checkbox"/> Making decisions	

Are you currently, or have you recently been, in counseling? _____

Who/what are your supports? _____

What are your goals in joining this group? _____

Please return this form to Life with Cancer:

Email: drucilla.brethwaite@inova.org

Mail: Life with Cancer 8411 Pennell Street, Fairfax, VA 22031

Fax: 703-846.0937