

**DEATH LOSS ADULT SUPPORT GROUP
ENROLLMENT FORM**

OFFICE USE ONLY



The LightHouse for New Hope
P.O. Box 851030
Mesquite, TX. 75185-1030
972-226-3110
Fax 972-226-0764

SEMESTER _____ GROUP _____

DATE CONTACTED _____

NOTES

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE _____ ZIP CODE _____

DAYTIME PHONE: _____

EVENING PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____ HAVE YOU ATTENDED LIGHTHOUSE GROUPS BEFORE? _____

CONFIDENTIAL INFORMATION

PLEASE INDICATE THE TYPE OF LOSS AND HOW LONG AGO THE LOSS OCCURRED

Death of Spouse: _____ How long were you married? _____ How long since the death? Months _____ Years _____

Death of a Child: _____ How old was child at time of death? _____ How long since the death? Months _____ Years _____

Death of friend or other family member: _____ How long since the death? Months _____ Years _____

Other Losses: _____ How long ago? Months _____ Years _____

PLEASE INDICATE ANY CONCERNS OR DIFFICULTIES YOU MAYBE HAVING IN THESE AREAS

Difficult Sleeping _____ Weight Loss _____ Suicidal Thoughts _____

Loss of Appetite _____ General Health _____ Depression _____

Other _____

HOW DID YOU FIND OUT ABOUT THE LIGHTHOUSE FOR NEW HOPE?

Friend _____ Apartment _____ Internet _____ Funeral Home (name) _____

Church _____ Newspaper _____ Brochure _____ Therapist(name) _____

Agency(name) _____ Other _____

School _____

ANY ADDITIONAL INFORMATION THAT YOU MIGHT FEEL THAT WOULD BE HELPFUL