National Association for Loss & Grief (NSW) Inc

NALAG NSW (All Branches) **Phone:** 02 6882 9222

***Please return completed form to*:**

FAX: 02 6884 9100 **EMAIL**: rego@nalag.org.au

NALAG
National Association for Loss and Grief (NSW) Inc

Database Registration Number:

Registration Form

❑ Mr. ❑ Miss ❑ Ms. ❑ Mrs.	Family Name:	Given Names:

*** If referral is for a minor please provide Parent/Guardians name/s below:**			**Birth date:**	**Age:**	**Sex:**
Family Name:	**Given Name:**	**Relationship to person referred:**	/ /		❑ F ❑ M

Street address:	**Town:**	**State**	**Postcode:**
Mobile Phone No:	**Home/work Phone No.:**		
Email:	**How did you hear about NALAG?**		

Statistics

Self Referral	**Group Referral**	**Aboriginal or TSI**	**Disabled:**	**CALD:**
YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Referring Agency Information

Is the client aware of the referral? YES/NO	Referring Agency:	
Caseworkers Name:	Phone:	Fax:

Mental Health

Mental Health Issue:	**Condition:**	**Diagnosed:**	**Medication:**
YES/NO		YES/NO	YES/NO
Is the client seeking assistance from any other agency or practitioner:		YES/NO	
List agencies/practitioner's name:		Phone No:	

Suicide Risk	**Have you thought of taking your own life?**	**Do you have a plan?**	**Have you attempted suicide previously**	**Do you have the means?**
HIGH / LOW	YES / NO	YES / NO	YES / NO	YES / NO

Current Situation

Losses: *(Please circle)* Death of Wife, Husband, Mother, Father, Sibling, Baby, Infant, Child, Grandparent, Divorce Separation/Miscarriage/ Stillbirth Abortion/Infertility/ Illness/ Disability/Pet /Unemployment/ Financial/ Trauma/Rural/Other:

Date of Death (if applicable): / /	**Are there any legal issues:**

Details:

Please turn over to record more information

CONTACT PREFERENCE: ☐ FACE TO FACE AT THE CENTRE ☐ TELEPHONE SUPPORT

Office Use Only

Registration received: / /	Registration taken by: TH/ KF / DT /GO Other_____	**Registration Accepted:** YES/NO **(see notes)**	Date contact made with Client: / /	Date Volunteer Contacted: / /	**Database Updated:**	**BRANCH ID:**

Branch Assigned: DUB MUD GS MiiN Hun	**Name of Volunteer assigned:**

Current situation (continued)

GENOGRAM