

**LIFE WITH CANCER
GOOD GRIEF BEREAVEMENT GROUP
Registration Form**

Name _____ Phone number (H) _____
(O) _____

Address _____

City _____ State _____ Zip _____

Email _____

Others living with you _____

Name of person who has died _____ Age _____

Type of cancer _____ Other _____

Relationship to you _____ Date of death _____

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

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
<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
<input type="checkbox"/> Guilt	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Feeling suicidal
<input type="checkbox"/> Depressed	<input type="checkbox"/> Fears	<input type="checkbox"/> Making decisions

Other: _____

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

Who/what are your supports?

What are your goals in joining this group?

Please mail to: Life with Cancer Family Center, ATTN: Drucilla Brethwaite, 8411 Pennell Street, Fairfax, VA 22031 or fax to: 703.846.0937 or email to Drucilla.brethwaite@inova.org.