The Amelia Center

Family Questionnaire

For office use only:

_____
Date

_____
Counselor

Biographical Information

Parent/Guardian/Self (Please complete the following about yourself.)

Name: _____

Date of Birth: / /

Home Phone: _____ **Cell Phone:** _____

Address: _____

City, State, Zip: _____

County: ☐ Jefferson ☐ Blount ☐ Shelby ☐ St. Clair ☐ Walker ☐ Other _____

Email: _____

Employer: _____ **Work Phone:** _____

Spouse/Additional Guardian Information (if applicable)

Relationship: (to you) _____

Name: _____

Date of Birth: / /

Home Phone: _____ **Cell Phone:** _____

Address: (if different from above) _____

City, State, Zip: _____

Email: _____

Employer: _____ **Work Phone:** _____

Emergency Contact

Name: _____

Relationship: (to you) _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Demographic Information

Religious Affiliation:

☐ Protestant ☐ Jewish ☐ Catholic ☐ Muslim ☐ None ☐ Other_____

Place of Worship: _____

Annual Household Income: (Info. needed for funding purposes.)

☐ Under $23,400 ☐ $23,400 to $38,950

☐ $39,950 to $62,350 ☐ over $62,350

How many people live in your household? _____

Family Members Attending Counseling

Full Name	Date of Birth	How is this person related to deceased?
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Questions about Person who died

Name: _____

Date of Birth: / / **Date of Death:** / /

Cause of Death: ☐ Homicide ☐ Car Accident ☐ Suicide

☐ Accidental Drug Overdose ☐ Accident (specify) _____

☐ Illness (specify) _____

*Approx. date of diagnosis of terminal illness:*_____

Relationship: _____

Other information about the death: _____

ADDITIONAL LOSSES

Questions about **ADDITIONAL** Person who died

Name: _____

Date of Birth: ___/___/___ **Date of Death:** ___/___/___

Cause of Death: ☐ Homicide ☐ Car Accident ☐ Suicide

☐ Accidental Drug Overdose ☐ Accident (specify) _____

☐ Illness (specify) _____

*Approx. date of diagnosis of terminal illness:*____

Relationship: _____

Other information about the death: _____

Please list any other deaths on the back of this page.

Other Losses Experienced

Death of pet:	☐	Date of Loss: ___/___/___
Divorce:	☐	Date of Loss: ___/___/___
Moving/loss of home:	☐	Date of Loss: ___/___/___
School change:	☐	Date of Loss: ___/___/___
Job change:	☐	Date of Loss: ___/___/___
Loss of income:	☐	Date of Loss: ___/___/___
Separation from family:	☐	Date of Loss: ___/___/___

How did you hear about The Amelia Center? _____