

**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
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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?

Who/what keeps you going?

What are your goals in joining this group?

Please mail to: Life with Cancer 3300 Gallows Road, Falls Church, VA 22042 or fax to: 703.776.3015. A word document can also be downloaded from lifewithcancer.org and emailed to drucilla.brethwaite@inova.com.