|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Local logo |  | Patient name: |  |
| NHI: |  |
| DoB: |  |

# Bereavement risk assessment tool

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the deceased person | |  | | | NHI |  | | | Date of death | |  |
| Name of the key family/whānau contact | | | |  | | | | Relationship to the deceased |  | | |
| Address |  | | | | | | | | | | |
| Phone numbers (H) | | |  | | (W) | |  | | (Mob) |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Risk factor** | **Indications** | | **Score** |
| 1 | Anger | None  Mild irritation  Moderate (occasional outbursts)  Severe (spoiling relationships)  Extreme (always bitter) | | 1  2  3  4  5 |
| 2 | Blame/guilt, feeling bad and or responsible for something | None  Mild (vague and general)  Moderate (some clear thoughts of blame, etc)  Severe (preoccupied with self blame)  Extreme (major problem) | | 1  2  3  4  5 |
| 3 | Current relationships | Close, intimate relationship with another  Warm, supportive family  Family supportive but lives at a distance  Doubtful (person uncertain whether others will be supportive)  Unsupportive | | 1  2  3  4  5 |
| 4 | How will the key person cope? | Well (normal grief and recovery without help)  Fair (probably get by without specialist help)  Doubtful (may need specialist help)  Badly (requires specialist help)  Very badly (requires urgent help) | | 1  2  3  4  5 |
| **Complete a separate form for each person at risk** | | | **Total:** |  |
| **A = ABSENT Low risk (score less then 7)** | | **Provide local brochure/information as available** | | |
| **C = CAUTION Moderate risk (score 7–9)** | | **Give a copy of your bereavement brochure and suggest contacting one of the local support agencies (see over)** | | |
| **E = EXTRA HELP FROM SPECIALIST SUPPORT RECOMMENDED High risk (score 10 or more)** | | **Encourage the person to contact a specialist health care professional eg, GP, counsellor or hospice bereavement service**  **Give a copy of your bereavement brochure** | | |

|  |  |  |
| --- | --- | --- |
| **Local support agencies** | **Information** | **Contact details** |
| Each organisation to personalise to its local area |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Specialist bereavement support** | **Information** | **Contact details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |