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

# Bereavement risk assessment tool

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| 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) |  |

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|  | **Risk factor** | **Indications** | **Score** |
| 1 | Anger | NoneMild irritationModerate (occasional outbursts)Severe (spoiling relationships)Extreme (always bitter) | 12345 |
| 2 | Blame/guilt, feeling bad and or responsible for something | NoneMild (vague and general)Moderate (some clear thoughts of blame, etc)Severe (preoccupied with self blame)Extreme (major problem) | 12345 |
| 3 | Current relationships | Close, intimate relationship with anotherWarm, supportive familyFamily supportive but lives at a distanceDoubtful (person uncertain whether others will be supportive)Unsupportive | 12345 |
| 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) | 12345 |
| **Complete a separate form for each person at risk** | **Total:** |  |
| **A = ABSENTLow risk (score less then 7)** | **Provide local brochure/information as available** |
| **C = CAUTIONModerate 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 RECOMMENDEDHigh risk(score 10 or more)** | **Encourage the person to contact a specialist health care professionaleg, GP, counsellor or hospice bereavement service****Give a copy of your bereavement brochure** |

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