



***'Transforming loss...
into living again with
faith, hope, and love'***

Deb Lee Gould, MEd
Bereaved Parent & Grief Consultant
Grief Support for Bereaved Parents & Families

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Website: www.bereavedparent.com
Donations benefit www.fodsupport.org
Federal Tax ID # 83-0471342

My Professional Role: I am educated and trained as a Grief Counselor. I am working as a Grief Consultant mainly for **parents** (as well as other family members) **living/coping with the death of a child of any age and from any cause.** My grief support via email, phone calls, or face-to-face, is not a substitute for you seeking additional individual or group therapy from a therapist or psychologist in regard to your grief or other issues. I am not working as a therapist that diagnoses and treats specific mental health concerns. My counseling/consulting/spiritual philosophy entails a **growth model for transforming one's grief** versus the medical model of diagnosing and medically treating a mental illness. However, there may be instances where a possible mental health issue may best be treated via medical treatment and/or one-on-one therapy (ie., grief depression moves to clinical depression). I will definitely let you know if I think further diagnostic assessment/treatment is possibly needed. It will then be your responsibility to seek that help from a medical professional and/or therapist.

Terms and Conditions

Before submitting this form and utilizing the Grief Consultation services of Deb Lee Gould, MEd, please read these Terms and Conditions carefully. You fully understand that ongoing use of Deb Lee Gould's services indicates that you agree to the Terms and Conditions summarized below.

Confidentiality: Your personal information (as on the Grief Intake Form), as well as the content of your consultation sessions with Deb Lee Gould, MEd, via email, phone, or face-to-face, will be confidential and will not be sold or given to a third party. However, in case of an emergency situation, you understand that Deb Lee Gould, MEd may contact a 3rd party for assistance.

Payment: There is **no charge** for my services. **Donations are appreciated, but not required.** If you choose to make a donation to the FOD Family Support Group, you can donate via credit card at my office, or on my site using the secure PayPal link, or mail me a check made out to 'FOD Group.' You will receive a receipt acknowledging your tax-deductible donation. ***The FOD Group is a 501c3 tax-exempt non-profit corporation.***

Consultation Services are for Adults Only: By using these Consultation Services you verify that you are at least 18 years old. You fully understand this Grief Consultation is not a replacement for medical/clinical therapy for present or previous mental health issues.

Disclaimer: Deb Lee Gould, MEd, cannot guarantee anyone's 'healing' from their grief experiences. Her Grief Consultation Support Services are only one avenue for working through one's grief process. From her own personal and professional experience, she does KNOW that one CAN live again with faith, hope, and love after the death or illness of a child or other family members or friends.

***Additional Disclaimer information for Consultation Services and the www.bereavedparent.com website ~ refer to: www.fodsupport.org/disclaimer.htm**

[It is understood that this is an online typed signature by the individual]

***** Signed: _____ Date: _____**



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Grief Consultation Intake Form

Name: _____ Age: ____ Sex: ____ Date: _____

Address: _____

Home Phone: _____ Cell: _____

[check the best number to reach you]

Email Address: _____

Are you presently working with a therapist or medical professional in regard
to your grief or other issues? _____ If yes, for how long? _____
Are you on any meds (If yes, list meds)? _____

Name of professional: _____ Phone: _____

Do I have permission to discuss your situation with this professional? _____



Deceased Child (Children's) or Loved One's Name: _____

Birth Date(s): _____

Death Date(s): _____ Age at death: _____

Your Relationship to Child/Children or other Loved one: Parent____ Sibling____
Grandparent____ Aunt/Uncle____ Other relative _____ Friend____ Spouse ____
Child ____

Surviving Children (or other loved ones) in the Family?

Names & present Ages: _____

1] Think back on your life and list your past losses (loss of loved ones, pets, jobs, etc and state your age when loss occurred):

2] While growing up, what did you learn from your family about coping with loss and grief?

3] Please tell me a little about your present situation that you are seeking support for (i.e., involving the illness and/or death of a child/loved one):

4] What difficulties have you been having (physical, emotional, cognitive, behavioral, and spiritual)?

5] Do you have anyone supporting you in your grief (i.e., family, friends etc)?

6] Do you feel as if you are 'stuck' in your grief? _____

In what way?

7] Do Religious or Spiritual Beliefs play a part in your journey? In what way?

8] What other stressors are you experiencing besides this specific grief issue?

9] What strategies have you tried to work through your grief and were any helpful or unhealthy for you (i.e., exercise, alcohol, support group, prescribed medications, isolation, reading, yoga, massage etc)?

10] What are your hopes/goals as far as entering into this consulting relationship?

Thank you...and I'm looking forward to walking along with you on your grief journey ~ DLG

*****Please SAVE 1st as a pdf, then you can either email me the pdf or Print and Fax to me or bring to your appointment. If you are unable to email or print this form, please arrive a few minutes before your appt to complete it in my office. Thank you.*****