The Amelia Center

Reactions – Adult

Please complete the following information for each adult attending counseling.
Please use a separate form for each adult.

Name: _____

Date of Birth: ____/____/____ **Today's Date:** ____/____/____

Ethnic Background

☐ African American ☐ Caucasian ☐ Hispanic/Latino ☐ Other: _____

How are you related to the person who died?

☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Grandparent ☐ Spouse
☐ Other (specify) _____

What have been your reactions to the death(s)

☐ Significant change in appetite
☐ Significant change in sleeping
☐ Mood swings
☐ Increase in illness
☐ Depression
☐ Nightmares/ Flashbacks
☐ Anger/ Irritability
☐ Loss of concentration
☐ Change in behavior
☐ Began taking medication
☐ Withdrawal
☐ Headaches/ Body-aches
☐ Panic Attacks
☐ Alcohol/ Substance Abuse

Is there a family history of suicide? ☐ Yes ☐ No

If yes, please explain: _____

If you are taking medications prescribed for mood or psychiatric needs, please list. Please specify if medication began before or after the death.

_____

_____

Are you currently seeing or have seen another mental health professional in the past year?
(Please explain.)

_____

_____

Other important information regarding your reaction to the death.

_____