



Point of Hope
Grief Counseling
Center

**Capital Hospice
Grief Support Group Application**

In order to attend a support group, each person must commit to attending a minimum of six of the eight sessions. Each attendee must be pre-registered, and registrations are made on a first-come, first-serve basis. A maximum of twelve persons will be allowed per group.

IMPORTANT: Please do not assume you are registered until you have received confirmation. Capital Hospice reserves the right to cancel any group due to insufficient number of registrants. In this event, notifications will be made by phone.

Please select one group from the enclosed schedule: Group Name: _____

Date/Time: _____ Location: _____

Please provide the following information about yourself:

Name: _____ Age: _____

Telephone: (Home) _____ (Work) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you currently receiving any medical care? Circle one: Yes No

If yes, please explain: _____

Are you currently receiving any counseling or psychiatric care? Circle one: Yes No

If yes, what is your counselor/therapist's name? _____

(We would not contact this person without your permission.)

Please provide the following information about the person who died:

Was your loved one a Hospice patient? Circle one: Yes No

Name: _____ Relationship: _____

Date of Death: _____ Age at Death: _____ Cause of Death: _____

Please list any other significant losses in your life: _____

Do you have any friends, family or other loved ones that are supportive? Circle one: Yes No

How did you hear about our Grief Support Groups? _____

Please send completed form to:

Capital Hospice
2900 Telestar Court
Falls Church, VA 22042
703.538.2044 (voice) – 703.531.2390 (fax)