

Hoag Hospital Palliative Care Services  
BEREAVEMENT INITIAL ASSESSMENT AND ADMISSION PLAN

**Risk Assessment Questions (please circle Yes/No)**

**Psychological Issues:**

- Has difficulty in believing the patient is seriously ill or is dying Yes / No
- Has pre-existing or new psychiatric/psychological problems Yes / No
- Reactions to impending loss are intense (distress, anxiety, withdrawal) Yes / No
- Was very dependent upon patient or vice-versa Yes / No
- Has intense anger or causes undue friction with patient Yes / No

**Social Issues:**

- Has other concurrent losses, stresses or illnesses Yes / No
- Has little or no social or family support Yes / No
- Has young children/other dependents Yes / No
- Is young themselves (child/adolescent) Yes / No
- Works in healthcare Yes / No

**Circumstances of the Illness and Death:**

- Was absent at death Yes / No
- Reaction at death was absent or extreme Yes / No
- Patient's death was felt to be untimely Yes / No
- The illness was very short, very long or very distressing Yes / No
- The patient was young Yes / No

High Risk (9-15)    Medium Risk (5-8)    Low Risk (1-4)

Adapted from (Jacob, 1996)

Any current suicidal/homicidal ideation?     Yes     No

If yes, action taken: \_\_\_\_\_