



*'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: Although I am educated and trained as a 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 (local families), however, is not a substitute for you seeking local individual or group counseling from a mental health professional 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 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 medication or a combination of medical treatment and one-on-one counseling (ie., grief depression moves to clinical depression), but I will definitely let you know if I think further diagnostic assessment or treatment is recommended. It will then be your responsibility to seek that help from a local medical and/or mental health professional.

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 session 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 on my site (linked to www.fodsupport.org donation page) using the link to the secure site PayPal, Inc or mail me a check made out to 'FOD Family Support 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 other counseling/therapy for present or previous mental health issues.

Disclaimer: Deb Lee Gould, MEd, cannot guarantee anyone's 'healing' from their grief experiences. Her Consultation 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**

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

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



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Grief Consultation Intake Form

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

Address: _____

Home Phone: _____ **Cell:** _____

Email Address: _____

Are you presently working with a counselor or medical professional in regard to your grief issues? _____ **If yes, for how long?** _____



Child/Children's Names: _____

Birth Date(s): _____

Death Date(s): _____

Your Relationship to Child/Children: Parent____ Sibling____ Grandparent____
Aunt/Uncle____ Other relative _____ or Friend____

Surviving Children in the Family?

Names & 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 assistance 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] How do Religious Beliefs play a part in your journey?

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 hurtful to you (i.e., exercise, alcohol, support group, prescribed medications, isolation)?

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 sign the Terms & Conditions on page 1 and then submit your Grief Intake Form*****

SUBMIT