

Wayne Memorial - Grief Support Group / Spring 2023

I am interested in participating in the next sessions of Wayne Memorial's Grief Support Group.

Name

Address

City/State/Zip:

_____ Phone:

Home _____ Work _____

Cell _____ Email: _____

Please provide the following information about the person who passed:

Name _____ Relationship _____

Birth Date _____ Date of Death _____

Which best describes your personal support system: ___ Excellent ___ Good ___ Fair ___ Poor

How did you hear about this group?(check all that apply) ___ mailing ___ called for information

___ newspaper ___ friend ___ relative ___ clergy ___ other: _____

What do you hope to learn/obtain from attending this grief work shop? _____

Emergency Contact Name _____

Relationship _____ Emergency Contact Phone Number

_____ I give the consent for the support group
facilitator(s) to contact the above listed emergency contact in the event of an emergency.

Signature: _____ Date: _____

****** Masking is required. Enter through the Wayne Mem. Emergency Room Entrance and watch for signs to direct you to Elevator and Second Floor/ Older Section.**

PLEASE RETURN FORM TO: ANNA WALSH by March 17, 2023 c/o WAYNE MEMORIAL HOSPITAL
116 West 11th. Street, HONESDALE, PA 18431 walsha@wmh.org