



**'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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Donations benefit www.fodsupport.org  
Federal Tax ID # 83-0471342

**Terms and Conditions for Grief Support Services**

**My Professional Role:** I am educated and trained as a Grief Counselor. However, I am working Only as a **Grief Support Resource** and a Grief Consultant mainly for **parents** and other family members **living/coping with the death of a child of any age and from any cause**. I also offer **support for other losses (ie, parent, spouse etc)**. My grief support via email, phone/video calls, or face-to-face, is not a substitute for you seeking additional individual or group therapy from a licensed therapist or psychologist in regard to your grief or other issues. **I am not working as a licensed therapist that diagnoses and treats specific mental health concerns**. My Grief Support philosophy entails a **holistic growth and healing 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 addressed via medical treatment and/or one-on-one therapy (ie., traumatic images, post traumatic stress). I will definitely let you know if I think further diagnostic assessment/treatment is a possibility. It will then be your responsibility to seek that help from a medical professional and/or licensed counselor or therapist. I often offer referral information.

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 these Terms and Conditions.**

**Confidentiality:** Your personal information (as on the Grief Intake Form), as well as the content of your consultation sessions with Deb Lee Gould, MEd, via email, phone/video, 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 3<sup>rd</sup> 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 using the secure link, or mail me a check made out to 'FOD Group.' You will receive a receipt acknowledging your tax-deductible donation. **The FOD Group is a 501c3 tax-exempt non-profit corporation. Tax ID 83-0471342.**

**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/Support is not counseling/therapy or a replacement for medical/clinical therapy for present or previous mental health issues.**

**Disclaimer:** Deb Lee Gould, MEd, cannot guarantee anyone's 'healing' from their grief experiences. Her Grief Consultation Support 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:** \_\_\_\_\_ **[\* the best #]**

**Email Address:** \_\_\_\_\_

**Are you presently working with a licensed professional in regard to your grief or other issues (If yes, for how long)? Are you on any meds (If yes, list meds)?**

**Name of professional:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Do I have permission to contact him/her? Yes No**



**Deceased Child/Children or Loved One's Name(s) that you are seeking support for:**

**Birth Date(s):**

**Death Date(s):**

**Their Age at death:**

**Your Relationship to your Loved one:**

**Surviving Children/Siblings, etc. (or other loved ones) in the Family?**

**Names & present Ages:**

**1] Think back on your life and list your past losses (loss of loved ones, pets, jobs, etc and state your age when your 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 support 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, colleagues, etc)?**

**6] Do you feel as if you are 'stuck or frozen' in your grief? In what way?**

**7] Do Religious or Spiritual Beliefs play a part in your journey? If Yes, how?**

**8] What other stressors are you experiencing along with your grief?**

**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, reading, etc)?**

**10] What are your hopes/goals for our time together?**

**\*\*\*I often email my clients after a session to briefly 'summarize' the main themes we discussed ~ If you have a secure email address (no one has access to your password), Do I have permission to email my impressions of our session to you? Yes No**

***Thank you...and I'm looking forward to walking along with you as your grief journey unfolds ~ DLG***

***\*\*\*Please sign both page 1 & 5 and then Save this pdf to your desktop and email or fax your Grief Intake Form to me at [deb@bereavedparent.com](mailto:deb@bereavedparent.com) or 866.290.5206. If you decide to print this form, please complete it and bring it to your appt. If you are unable to print this form, you can complete it in my office. If you are an Online phone/video client please email or fax this form, as well as the Emergency Release Form on [my site](#) before your appt. Thank you***

**\*\*\*Signature**

**Date**