



LEWIS COUNTY HOSPICE  
After Death /  
Bereavement Contact

*Patent Bereavement STK 842*

Name of Deceased \_\_\_\_\_ Date of Contact \_\_\_\_\_

Name of Bereaved \_\_\_\_\_

Type of Contact:

Calling Hours / Funeral / Memorial Service

Bereavement Contact

Duration of Contact \_\_\_\_\_

Community Contact

Home Visit

Phone Contact

Other \_\_\_\_\_

Provided Comfort to Family

Family observed to be doing well

Concerns noted (as listed below)

Provided Intervention per Bereavement Care Plan

Other \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_