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**Pre-death Intake Form**

**Contacted by:**

Last name: First name:

Phone: Email:

**Dying person’s last name: Middle name: First name:**

**Aka’s:**

**Briefly, what are the current circumstances:**

**How can we help? Immediate needs (prior to in-person conversation): Does the caller understand we are a “natural funeral business”? If not, explain.**

**Open to meeting with a Natural Funeral Director in person to plan?**

**If yes, address and time of where to meet:**

**Current location of dying person:**

Street:

City: County : State: Zip:

Floor: Room# Phone#

Residence: Inpatient: ER: Nursing Home

Hospice Facility Other

**Pacemaker? Y/N**

**Name of primary care physician**

Address

Street City State Zip:

Phone Email Fax

**Name of hospice:**

**Name of hospice physician:**

Address

Street City State Zip:

Phone Email Fax

**Immediate next of kin who should be included in any planning meeting:**

**It is most important to see if they can attend.**

Last name First Middle

Relationship

Address

Street City State Zip

**Immediate next of kin:**

Last name First Middle

Relationship

Address

Street City State Zip

**Immediate next of kin:**

Last name First Middle

Relationship

Address

Street City State Zip

If more immediate next of kin, please use a separate sheet to record the information.

**Designated agent** if not next of kin, is there a designated agent form, esp. for cremation? Y N

Last name First Middle

Relationship

Address

Street City State Zip

**TNF staff member initially contacted:**

**Date:**

**Time:**

**Please note any special instructions below or on new sheet.**

**Action items:**