

**FAMILY MEMBER CONSULTATION FORM**

Describe your primary concern/reason for consultation \_\_\_\_\_

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What solutions, if any, have you sought for these concerns? \_\_\_\_\_

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Describe any recent relevant changes in your loved one's life (e.g. death of a loved one? Moving residences? New medical illness? New mental health diagnosis? Recent retirement? Level of isolation during Covid?)

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What is your biggest fear if your concerns are not addressed quickly?

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What is your deepest wish for your loved one? (For example: Do you want them to be at peace and happy? Safe and secure? ) \_\_\_\_\_

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Briefly describe how your concerns for your loved one affect you? (Are you losing sleep? Worried? Uncertain of next steps to take? Torn? Conflicted? Pessimistic? Hopeful? \_\_\_\_\_

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Describe your relationship currently and in the past with the person you're concerned about (how often do you talk or see each other? How close do you feel currently? Was it always this way? When were you closest in your relationship? When were you the most distant?) \_\_\_\_\_

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Are there other important people in your loved one's life? If so, briefly describe those relationships. \_\_\_\_\_

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Describe important cultural factors for me to be mindful of (languages spoken, ethnic/racial identity, religious practices, disability factors, financial concerns, LGBTQ identity, etc.) \_\_\_\_\_

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Describe your loved one's trust or mistrust with the medical and mental health care systems. \_\_\_\_\_

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If this consultation meeting were fully successful, describe how you would feel at the end of the meeting (would you like to leave with tangible resources? Information or education? A sense of comfort and security? Other?)

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