

220 W. Union St. Morganton, NC 28655

Phone 828-475-6544 ● Fax 828-475-6545

**DBT REFERRAL FORM**

**(All elements of this form must be completed before client can be considered for skills training group.)**

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| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referring provider(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referring Provider’s Contact Info: Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Client identifying information*****Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone number(s): H:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **C:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Health insurance plan**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| ***Client clinical information*****Current individual therapist name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Frequency of therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How long in treatment with this therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Has therapist discussed DBT referral with the client? Yes** \_\_\_\_\_ **No:** \_\_\_\_\_**Is the client familiar with DBT? Yes** \_\_\_\_\_ **No**: \_\_\_\_**Client’s current diagnosis (es): Current psychiatric medications:** **1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Does client have any of the following history or behavior(s):****1. Self-harm: Current \_\_\_\_\_ Past \_\_\_\_\_ (How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****2. Suicide attempts: Current \_\_\_\_\_ Past \_\_\_\_\_ (How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****3. Substance abuse: Current \_\_\_\_\_ Past \_\_\_\_\_ (How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****4. Violence: Current \_\_\_\_\_ Past \_\_\_\_\_ (How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****5. Eating disorder: Current \_\_\_\_\_ Past \_\_\_\_\_ (How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****6. Other impulsive behaviors: Current \_\_\_\_ Past \_\_\_\_\_ (How long ago \_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |