

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |