



Dialectical Behaviour Therapy (DBT) Group Skills Training - Referral Form

Referring physician information

Name:

MSP Number:

Office Address:

Office Phone:

Office Fax:

Patient information

First Name:

Last Name:

MSP:

Date of Birth:

Sex:

Phone:

Email:

Address

Medical information

Psychiatric Diagnosis:

If this patient has had a psychiatric consultation, please attach the consultation notes to this referral.

Medical Diagnosis:

Current Medications:

IF "Yes", Therapist's name: _____ Phone number: _____

Does the patient plan to continue individual psychotherapy during DBT skill training? **Yes** **No**

If individual psychotherapy continues, we will ask the therapist to notify Dr. Saby Ramirez or Dr. Kayhan Ghatavi promptly if the patient:

- stops individual therapy, or is absent for 3 consecutive individual sessions, OR
- becomes actively suicidal, and/or self-harming behavior(s) increase or become more severe.

Continue to next page for exclusion criteria.



Exclusion Criteria

Unsuitable referrals to our program:

- Referrals from walk-in clinics, emergency departments or inpatient units
- Patients with severe BPD personality disorder requiring comprehensive DBT skills training including telephone coaching, weekly 1:1 DBT sessions and team consultations.
- Suicide attempt in the last 6-months
- Recent recurrent self-harm requiring medical intervention; unwillingness to commit to lowering suicidal/self-harm behaviours
- Patients with a recent history of and/or at risk of aggression or violence.
- Court-mandated referrals
- Patients with active substance use disorders interfering with ability to engage in therapy
- Patients with active eating disorders interfering with ability to engage in therapy
- Patients with active psychosis
- Patients with moderate to severe autism spectrum disorders, intellectual disability, or cognitive impairment interfering with ability to engage in therapy
- Patients with an inability to attend and participate consistently, including access to a computer.
- Patients with other untreated major psychiatric disorders (e.g. severe panic disorder, OCD) requiring more specific evidence-based treatments for these conditions.

If your patient is acutely suicidal or has symptoms of psychosis, they must be psychiatrically stabilized prior to referral to the group.

All patients will be scheduled for a psychiatric consultation prior to acceptance. Patients must also complete a DBT questionnaire to assess their goals and their ability to consistently attend the entire DBT skill training program.

Subject to Dr. Ramirez or Dr. Ghatavi's availability, patients who do not have an individual therapist may be able to see her for individual therapy and/or medication management, if needed.

PLEASE FAX COMPLETED FORM AND ANY ATTACHMENTS

TO MDABC at 1-866-821-5992