Olmsted County DBT Referral Form (check all that apply)

2100 Campus Drive SE Ste. 200, Rochester, MN 55904
Phone: 507-328-6276 Fax: 507-328-6401

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Primary Diagnosis:

- ☐ Borderline Personality Disorder
- ☐ Bipolar Disorder
- ☐ Major Depression
- ☐ Anxiety
- ☐ Post Traumatic Stress Disorder

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2a. Because of a mental illness, person has substantial disability / functional impairment in the following:

- ☐ Impulsivity
- ☐ Intentional self-harm behaviors
- ☐ Significant risk of death, morbidity, disability, or severe dysfunction across multiple life areas

2b. and because of a mental illness has one or more of the following;

- ☐ Frequent or recurrent hospitalizations
- ☐ Frequent use of mental health and related services yielding poor outcomes (for example – emergency departments, IRTS, crisis beds)
- ☐ Be at significant risk of one or more of the following if DBT is not provided:
  - a. Mental health crisis
  - b. Requiring a more restrictive setting such as hospitalization
  - c. Decompensation
  - d. Engaging in intentional self-harmful behavior

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If any items in this box are checked, DO NOT REFER.

Primary Diagnosis of the following:

- ☐ Significant thought disorder
- ☐ Chemical Dependency that requires inpatient treatment
- ☐ Involuntary or unwilling to participate with in-house DBT therapy and groups

Will consider referral if the functional limitations are correlated to the primary psychotic disorder indicated in number 1.

To Make a Referral: Give this completed form to Becky Johnson (address/fax above). If the person is a likely DBT candidate, a client screening will be scheduled. Please attach a current Functional Assessment, Diagnostic Assessment (within 1 year), Treatment Plan, and any recent hospital admit/discharge reports.

Client Name:	DOB:	Phone:
Referral Source:		Referral Phone:
Current Therapist:		
Current Psychiatrist:	Insurance:	