



CBT Program Referral Form

Skills Groups

Download form, fill, and fax. For privacy reasons, form cannot be submitted electronically.

Attn: CBT Skills Group fax 778.265.0298

tel 778.746.1705 email info@cbtskills.ca

PATIENT CONTACT INFORMATION					
Last Name			First Name		
Apt/Suite #			House/Bldg #		Road/Street
Town/City			Prov	Postal Code	
Date of Birth (DD/MM/YYYY)		Gender	PHN	Telephone (incl. area codes)	
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PATIENT EMAIL					

MOST RESPONSIBLE PRACTITIONER (FAMILY PHYSICIAN, WALK-IN CLINIC PHYSICIAN, OR NURSE PRACTITIONER)	
Last Name	First Name
MSP #	
Office Telephone Number (including applicable area codes)	Fax Number

REFERRING CLINICIAN (if different from above)	
Last Name	First Name
Referring Agency (if applicable)	

PATIENT HISTORY	
<p>PHQ-9 Score</p> <input type="text"/> <p>Score must be <19</p>	<p>If question #9 on the PHQ-9 is positive (score of 1 or greater), note that acutely suicidal patients are not appropriate. Conduct a risk assessment and consider safety planning, and/or referral to services for patients of higher acuity. If you have assessed and still consider the patient suitable for the group, be aware that the patient must have a primary care provider who agrees to act as MRP.</p>
<p>Psychiatric Diagnosis:</p> <ul style="list-style-type: none"> <input type="radio"/> 300 Anxiety Disorder <input type="radio"/> 311 Depressive Disorder <input type="radio"/> 309 Adjustment Reaction <input type="radio"/> 316 Psychological Factors Affecting Other Medical Conditions <input type="radio"/> 300.4 Dysthymic Disorder <input type="radio"/> Other (specify ICD9 code): _____ 	<p>Please confirm that the patient is appropriate for group-based learning:</p> <ul style="list-style-type: none"> <input type="radio"/> is not at risk to harm self and/or other <input type="radio"/> is not cognitively impaired <input type="radio"/> does not have a substance use disorder of a severity that would interfere with group-based learning <input type="radio"/> does not have a personality disorder that might interfere with group process <input type="radio"/> does not have active psychosis, mania, or dissociation
<p>Additional notes to support referral, if needed:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	
<p>Patients cannot be referred without an identified MRP. A primary care provider must be available to provide therapeutic support if necessary. This program cannot provide emergency/additional sessions/supports.</p>	