CBT Skills Group Program Referral Form

Attn:	CBT Skills Group		
tel	250-739-5868	fax	250-739-5870

PATIENT CONTACT INFORMATION

Last Name | First Name

Date of Birth (DD/MM/YYYY) | Sex | PHN

D D / M M / Y Y Y Y

Telephone Number (including applicable area codes) | Prov | Postal Code

*REQUIRED, OR REFERRAL WILL NOT BE ACCEPTED

***PATIENT EMAIL**

FAMILY PHYSICIAN

Last Name | First Name

MSP #

Office Telephone Number (including applicable area codes) | Fax Number

REFERRING CLINICIAN (if different from FAMILY PHYSICIAN)

Last Name | First Name

☐ I am a walk-in physician ❍ I agree to be the MRP

Referring Agency

*REQUIRED, OR REFERRAL WILL NOT BE ACCEPTED

***PHQ–9 Score**

Score must be <19

Please check PHQ–9 question #9. If positive (score of 1 or greater), please note that acutely suicidal patients are not appropriate. Risk assessment with subsequent safety planning may be necessary. Consider referral to services for patients of higher acuity. Please use judgment about referring such patients after assessing, and be aware that the patient must have a family doctor who agrees to act as MRP.

PATIENT HISTORY

Has the patient agreed to the referral?
❍ Yes ❍ No

Is this request a re-referral?

Please confirm the patient is appropriate for group-based learning:
- ❍ is not at risk to harm self and/or other
- ❍ is not cognitively impaired
- ❍ substance use (if present) would not interfere with group-based learning
- ❍ does not have a personality disorder that might interfere with group process
- ❍ does not have active psychosis, mania, or dissociation

Has the patient had previous CBT-based treatment?
❍ Yes ❍ No

Psychiatric Diagnosis:
- ❍ 300 Anxiety Disorder
- ❍ 311 Depressive Disorder
- ❍ 309 Adjustment Reaction
- ❍ 316 Psychological Factors Affecting Other Medical Conditions
- ❍ 296 Bipolar Disorder
- ❍ 300.4 Dysthymic Disorder
- ❍ 303/304 Alcohol or drug dependence
- ❍ Other, please specify:

_____

Relevant history and medications:

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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.

Nanaimo Division of Family Practice
A GPSC initiative