CBT Skills Group Program Referral Form

Attn: CBT Skills Group
tel 604.569.2010 fax 604.428.1170
email CBTvancouver@divisionsbc.ca

PATIENT CONTACT INFORMATION

Last Name	First Name

Date of Birth (DD/MM/YYYY)	Gender	PHN
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Telephone Number (including applicable area codes)	Prov	Postal Code

***EMAIL 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 *(If agree, please complete the family physician section above)*

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?
❍ Yes ❍ No

Please confirm that 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
- ❍ 300.4 Dysthymic Disorder

Relevant history and medications:

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.

Vancouver Division of Family Practice
A GPSC initiative