

Group Dialectical Behavioural Therapy (DBT) skills program

THE DBT SKILLS GROUP IS A 20 WEEK PROGRAM IN PENRITH AIMED AT HELPING PEOPLE AGED 18 AND ABOVE WITH MODERATE TO SEVERE MENTAL HEALTH DISORDERS LEARN THE CORE DBT COPING SKILLS THAT WILL ALLOW THEM TO MANAGE THEIR EMOTIONS, ACTIONS AND THOUGHTS EFFECTIVELY.

PATIENT INFORMATION AND ELIGIBILITY

Patient Name:	Patient DOB:
Residential Suburb:	Postcode:
Phone:	NDIS Participant: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender M>F <input type="checkbox"/> Transgender F>M <input type="checkbox"/> Other <input type="checkbox"/>	
Aboriginal and Torres Strait Islander Status: Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>	
Healthcare or Pension Card Number and Expiry Date:	
Country of Birth:	Main Language Spoken at Home:
Spoken English: Only speaks English <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Interpreter Required <input type="checkbox"/>	
Marital Status: Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Undisclosed <input type="checkbox"/>	
Housing Status: Stable <input type="checkbox"/> Short Term/Emergency <input type="checkbox"/> Homeless/Sleeping Rough <input type="checkbox"/> Undisclosed <input type="checkbox"/>	
Source of Income: Nil <input type="checkbox"/> Employment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other Pension <input type="checkbox"/> Undisclosed <input type="checkbox"/>	
Labour Force Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the Labour Force <input type="checkbox"/> Undisclosed <input type="checkbox"/>	
Employment Type: Not in the Labour Force <input type="checkbox"/> Full time <input type="checkbox"/> Part time or Casual <input type="checkbox"/> Undisclosed <input type="checkbox"/>	

HEALTH INFORMATION

Is risk of suicide or self-harm an underpinning reason for this referral: Yes No

If yes, what is patients suicide or self-harm risk level: Low Moderate High

Presenting Issue / Reason for Referral (Please attach any additional notes, discharge summaries, assessment information):

Primary Mental Health Diagnosis:

Additional Comorbidities:

Current Medication/Treatment: Antipsychotics Anxiolytics Antidepressants
Hypnotics and Sedatives Psychostimulants and Nootropics Other:

K10+ Score:	Date K10+ completed:
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Referral Form



REFERRER INFORMATION	
Referrer Name:	Profession: GP <input type="checkbox"/> Allied Health Practitioner <input type="checkbox"/>
Practice Name:	Practice Suburb:
Phone:	Fax or HealthLink EDI:
Organisation Type: General Practice <input type="checkbox"/> Private Allied Health <input type="checkbox"/> Other:	
PATIENT CONSENT:	
<p>I consent to my personal information being provided by Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network to the Department of Health and Aged Care, and state and territory health departments/agencies to be used for statistical and evaluation purposes designed to improve mental health services in Australia.</p> <p>I understand that this will include details about me such as date of birth and gender but will not include my name, address or Medicare number. I understand this includes the use of personal information to generate a unique key, which can be used to link my de-identified data to other de-identified data to facilitate research.</p> <p>I understand that my personal information will not be provided to the Department of Health and Aged Care or state and territory health departments/agencies if I do not give my consent.</p> <p>I also understand that my consent is not required for the Department of Health and Aged Care and state and territory health departments/agencies to include data about my use of services, combined with information about other clients, in summary reports about the activities funded by Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Care Network because these do not require personal information.</p> <p>I understand that all information in this referral will be collected for the primary purpose of delivering care and for the ongoing monitoring, reporting, evaluation and improvement of services.</p> <p><input type="checkbox"/> <u>Yes, I consent and have signed below</u></p> <p><input type="checkbox"/> <u>Yes, patient has given informed verbal consent</u></p> <p><input type="checkbox"/> <u>No, I do not consent/patient does not consent</u></p>	
Patient Signature and Date:	Referrer Signature and Date:
ATTACHMENTS	
<p><input type="checkbox"/> A K-10+ or K-5 (Aboriginal and Torres Strait Islander Peoples) has been completed and recorded above</p> <p><input type="checkbox"/> Referrals from a General Practitioner have a mental Health Treatment Plan attached</p>	

Send referral forms and any applicable attachments to Penrith Clinical Psychology
Fax **02 4721 0015** or HealthLink: **sydneycp**