P.O. Box 115
Brooks, ME 04921
Omnibewell.com

(207) 505-6082 Phone
(207) 385-2227 Fax
wellnesscoordinator@omnibewell.com

WHOLE ME & DBT PROGRAM REFERRAL

Referral Date:

☐ Self Referral ☐ Provider Referral

☐ Adult W-DBT ☐ Adolescent W-DBT

☐ Individual Therapy Needed

CLIENT/SELF REFERRAL INFORMATION

Client Name: Preferred Name:

Pronouns: Birthdate:

Address:

Phone Number: Email:

PROVIDER REFERRAL INFORMATION

Provider Name: Phone:

Address:

Fax: Email:

RATIONALE FOR W-DBT PROGRAM:

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CLIENT CHALLENGES

◻ Suicidality (ideations, planning, threats)	◻ Rapid changes in self-identity and/or self-image
◻ Non-Suicidal Self Injury (NSSI)	◻ Intense and/or inappropriate anger
◻ Unstable and/or chaotic relationships	◻ Dissociation/Depersonalization (DID)
◻ Mood lability (high and low moods)	◻ Anxiety/Panic Attacks/Agoraphobia
◻ Impulsive and/or risky behaviors	◻ Paranoia, hallucinations, and/or delusions
◻ Disordered eating	◻ Chronic and/or feelings of abandonment
◻ Posttraumatic stress symptoms	◻ Irrational and/or pessimistic thoughts
◻ Compulsive/obsessive behaviors (actions)	◻ Dependency (substances, gambling, etc..)
◻ Mood disorder (depression, Bipolar)	◻ Persistent and Severe Mental Illness (PSMI)

Signature **Date**