

Graceville DBT Skills Training Program Referral Form

The following criteria must be met to be eligible to participate in Graceville's DBT Skills Training Program:

- Participant must have a strong commitment to the DBT therapy and undertake a written commitment to
 participate in the entire 24 week program including group skills training, one on one individual therapy
 sessions and phone support.
- A participant's mental health concern should include difficulties with emotion regulation and/or features of Borderline Personality Disorder.
- Participant to be committed to only one DBT or similar program at a time.
- Participant to be willing to undertake assessment and commitment screening.
- Participant must be willing to meet payments as required.

Program Content:

24 weeks of weekly 2.5hr group DBT skills training sessions covering

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness

24 weeks of weekly 50mins of individual DBT therapy sessions

24 weeks access to 24/7 DBT phone coaching

Program Costs:

There is a \$600 cost and payment options available for Graceville's DBT Program

- Option 1- FULL payment. Total cost \$600. Non-refundable and paid 7 days prior to 1st group session
- Option 2- Subsided place. Total cost \$600. Payable through weekly/fortnightly direct debit. This will be
 discussed further at pre commitment. Non-refundable and initial direct debit payment to commence 7
 days prior to program commencement.

It is important for your application that you provide as much information about yourself as possible. Please complete all sections of this form with as much detail as you can.

Participant's Details

Full Name:	
Preferred Name:	Gender/Sex:
Address:	
	Email:
Telephone:	Mobile:
Best time to Call:	Is it ok to leave a message?: YES / NO
Date of Birth:	



NOTE: The purpose of the history questions below is to assist the Graceville DBT Skills Training Program Facilitators to ensure that we are able to provide the best possible support for you during the DBT Skills Training Program. Answering "Yes" to any of the below questions does not mean you are ineligible for the program.				
Do you have a history of suicide attempts? If Yes, date of the most recent attempt:	YES / NO			
Do you have any history of actual or attempted self-harm?	YES / NO			
Do you have suicidal thoughts? If yes, how frequently?	YES / NO			
Do you have any history of drug and/or alcohol misuse?				
Do you have any history of violence and/or aggressive behaviour?				
Have you been hospitalised in the past year for mental health reasons? If yes, please provide the date of your most recent admission:	YES / NO			
Are you currently taking any medication to manage your mental health?	YES / NO			
Are there any side effects from your medication that will impact your ability to participate on the program? If there are side effects please specify:	YES / NO			

Please provide full details if you answered 'Yes' to any of the participant's history questions:

Additional Comments



Please add any further information that you would like us to know:
Please attach any relevant supporting documentation to this referral (eg: risk assessment, discharge summary etc)
PAYMENT OPTIONS
Please indicate by a tick which payment option you would like.
□ Option 1 - FULL fee for Service - \$600.
□ Option 2- \$600 payment plan via direct debit



Statement of Understanding and Participation

Please en (Please tid			off <u>BEFORE</u> submitting this application.	
(i loase th		I am willing to actively participate in a 2	24 week DBT Skills Training Program.	
			g sessions and individual therapy sessions each Skills Training Program Facilitators/Therapist if	
		i am going to be absent for any reason	•	
		I agree I am responsible for all paymer within the required timeframe	its as required and agree to pay all invoices	
		I agree to attend all group skills training alcohol.	g free from the influence of illicit drugs or	
Name:				
Signature:			Date:	
.		N 18.4		
Places			off <u>BEFORE</u> submitting this application.	
(Please tid		•	on <u>BEFORE</u> submitting this application.	
•		tions of form are fully completed.		
		s signed (below) by referring person (if	applicable).	
Pa	yme	ent options are chosen.		
Referral S	Sou	rce (If self-referred please disregard)		
Relationsl	hip t	to Client:		
Full Name) :			
Name of S	Serv	rice:	Address:	
			Email:	
Phone:			I've obtained consent for this referral YES/NO	
The client service pr		aware that Graceville DBT is a fee for am.	YES/NO	

 $\textbf{Please email completed referral to} \ in take @ luther anservices. or g. \textbf{au} \\$

