

# Anderson Counseling & Education

100 Stone Village Drive  
Suite, 102  
Fort Mill, SC 29708  
Phone: 803-373-1159  
Fax: 803-291-5964

3540 Toringdon Way  
Charlotte, NC 28277  
Phone: 803-373-1159  
Fax: 803-291-5964

## DBT Referral Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

### This section to be filled out by person making referral (Mental Health/Medical Professional)

Referral Source : \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of most recent Psychiatric Evaluation: \_\_\_\_\_ Completed By: \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_  
Secondary Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_  
D&A Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

### Please check symptoms or write in number of occurrences within the last 12 months:

\_\_\_\_ # of Suicide Attempts \_\_\_\_ Self-Harm (explain below) \_\_\_\_ Behavior Dysregulation  
\_\_\_\_ # of Hospitalizations \_\_\_\_ D&A (explain below) \_\_\_\_ Emotional Dysregulation  
\_\_\_\_ # of Partial Hospitalizations \_\_\_\_ Non-Compliance: [ ] Medications [ ] Appointments

### Additional information (type and frequency of self-harm, drug use, etc.):

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the referral form in detail and fax to: 803-291-5964. Attn: DBT program.** A completed referral form will be reviewed by the DBT team for eligibility and consideration.

An intake appt. will be scheduled as soon as a therapist becomes available.