

Step-by-Step Guide on Completing and Submitting an Electronic Referral Form for Portland DBT Institute via Adobe Sign

Step 1: Fill in all fields, including any required fields marked with a red asterisk (*). You can click the yellow “Next” arrow to skip to the next field on the form. Some fields may have “tips” to help you figure out what information to provide – click on a field to see if it has a “tip” pop-up text box.

You can ZOOM in or out of the form to your liking. Just hover

near the bottom of the form, and click the **–** or **+** buttons that will appear in a toolbar. (See **Step 2 screenshot** for example).

If you’re having difficulty with answering any questions, just do your best! A PDBTI intake coordinator will reach out to after processing your submitted referral form, and you will have a chance to get questions answered or give us additional info we might need to know about the referral or your interest in services.

Step 2: Once you are done filling in as much of the referral form as applies to you, please take a moment to go back and verify it is all accurate and complete. When you’re ready to submit, go to the very bottom of the form and click the yellow field that says “Click here to sign.”

(continued on next page)

Alternative actions ▾ Please sign: PDBTI Referral Form Next required field 10

Portland DBT INSTITUTE

Referral For Clinical Services

Client Information Date: Jan 20, 2020

Legal First Name: * Preferred name (if different):

Legal Last Name: *

Parent name(s) if under 18 years:

Date of Birth: * Age:

Interpreter required? (Mark one): YES NO If yes, language needed:

Ethnicity (Mark one or write in): Hispanic Non-Hispanic Other:

Race (Mark all that apply): Black or African-American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Middle Eastern or North African Asian Some other race or origin (please list):

Religion or spirituality:

Gender identity (Mark all that apply or write in): Female Male Non-binary/3rd gender Two Spirit Other (please list): Prefer not to say

Gender currently listed on insurance policy (Mark one): Female Male (Note: This is required for us to bill your insurance.)

Pronouns (Mark all that apply or write in): She, her, hers He, him, his They, them, theirs Other (please list):

Address:

City: State: Zip:

Phone: Type (Mark one): Cell Home Work

Relation to client? (e.g. self, parent/guardian, partner, etc.):

Alternative actions ▾ Please sign: PDBTI Referral Form Next required field 11

—END OF FORM—

Please take a moment to scroll back up and confirm you have completed all relevant sections and fields *BEFORE* clicking the “Click to Sign” button below this form

Questions about this Referral Form or its submission? Please contact our Intake Team at referral@pdbti.org or 503-290-3291.

After your form is completed and you hit the “Click to Sign” button, you should be redirected to our ‘Thank You’ page. Once we receive your referral, we will contact you within 5-10 business days.

If you are *not* redirected to the Thank You page, please try re-submitting your form with a different web browser and/or device (mobile device is not recommended). Or, please download and fill out a [printable Referral Form](#) and **fax** to (503)231-8153 or **mail** to Attn: Intake Dept., 5200 SW Macadam Ave, Suite 580, Portland, OR, 97239. For follow-up questions, please contact our referral line at (503)290-3291.

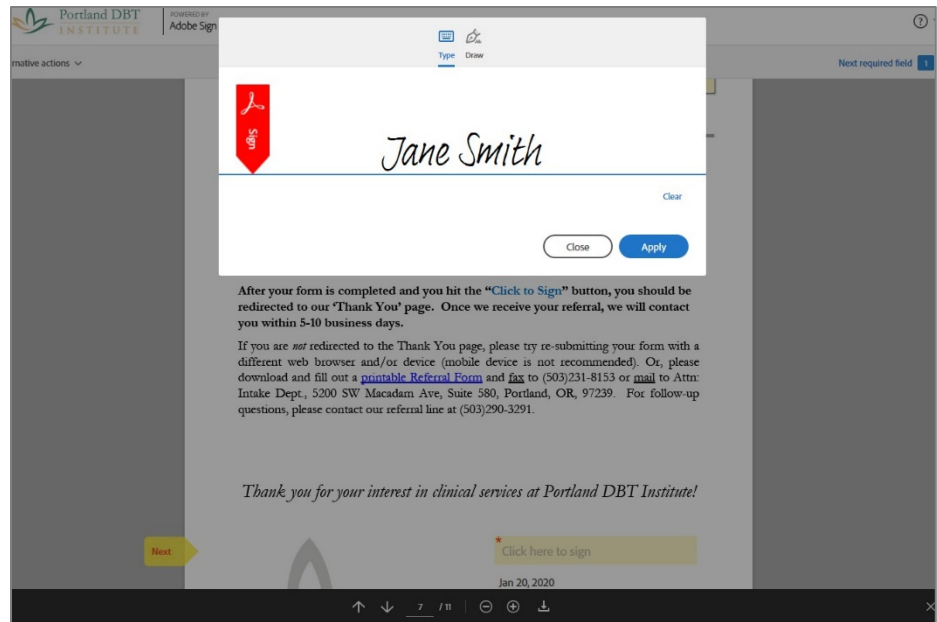
Thank you for your interest in clinical services at Portland DBT Institute!

Next Click here to sign

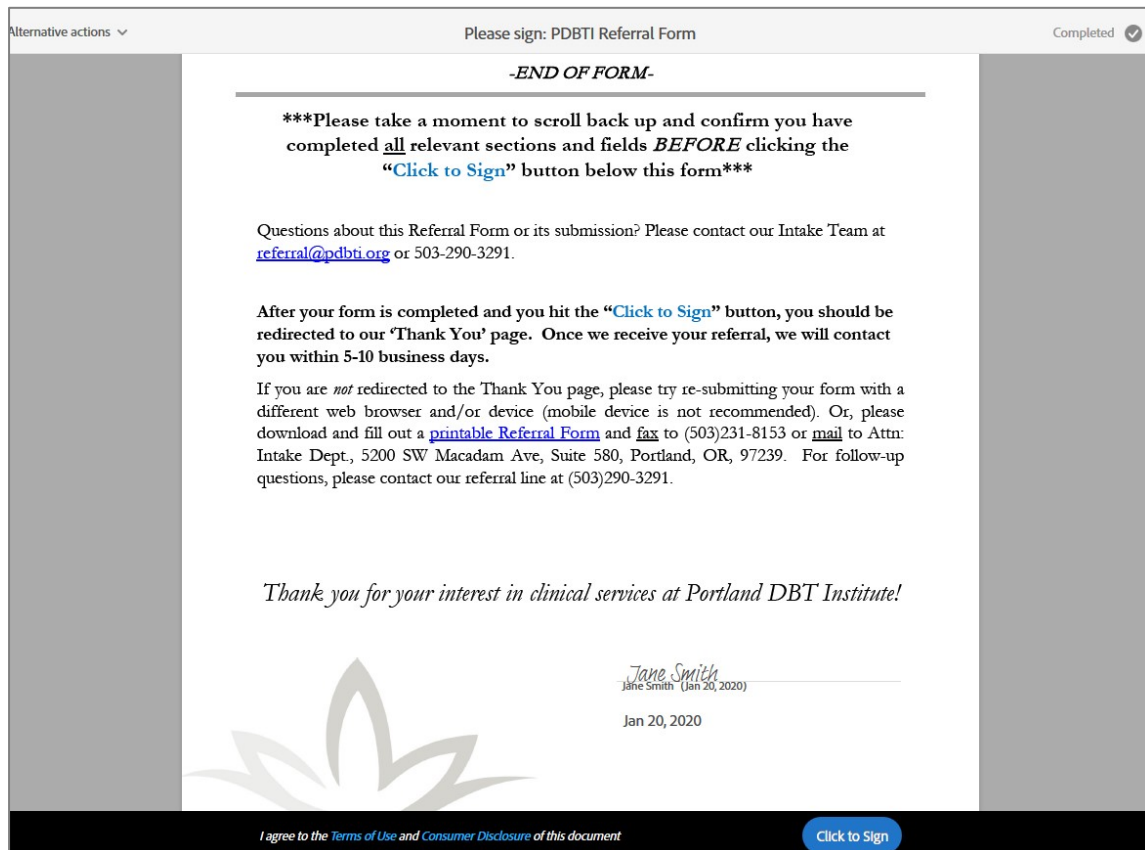
Jan 20, 2020

Step 3: Type in or sign your name, and then click “Apply.”

Note: The form "signer" does not necessarily need to be the person being referred for services or a legal guardian, and their signature is not considered legally binding – it’s just required in order to submit the form for processing. We accept self-referrals *as well as* referrals from family, friends, clinical providers, or other folks involved in a person’s coordination of care!



Step 4: You should see your signature filled in now, which means you’re ready to submit the form! Click the blue “Click to Sign” button that appears at the bottom right-hand corner.



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Step 5: Enter an email address where you would like a confirmation email to be sent, which will include a link to access and download the completed referral form (available for up to 30 days). **Make sure to only enter an email address if you are okay with the email account users potentially accessing your completed PDBTI referral form.**

An email address will need to be entered to submit the form. If you do *not* have an email address, OR if you prefer not to include one for privacy reasons, please enter the following placeholder email address: **none@pdbti.org**

By using this placeholder email, a copy of the completed form will *only* be sent to PDBTI Intake staff for processing. You will still have the chance to download a copy if you would like immediately following submission (see next step, Step 6).

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Alternative actions ▾ Completed ✓

Enter Your Information ×

Please enter your email and then click to sign this document.

none@pdbti.org

Cancel Click to sign

Questions about this Referral Form or its submission? Please contact our Intake Team at referral@pdbti.org or 503-290-3291.

After your form is completed and you hit the “Click to Sign” button, you should be redirected to our ‘Thank You’ page. Once we receive your referral, we will contact you within 5-10 business days.

If you are *not* redirected to the Thank You page, please try re-submitting your form with a different web browser and/or device (mobile device is not recommended). Or, please download and fill out a [printable Referral Form](#) and ~~fax~~ to (503)231-8153 or mail to Attn: Intake Dept., 5200 SW Macadam Ave, Suite 580, Portland, OR, 97239. For follow-up questions, please contact our referral line at (503)290-3291.

Thank you for your interest in clinical services at Portland DBT Institute!

Jane Smith (Jan 20, 2020)

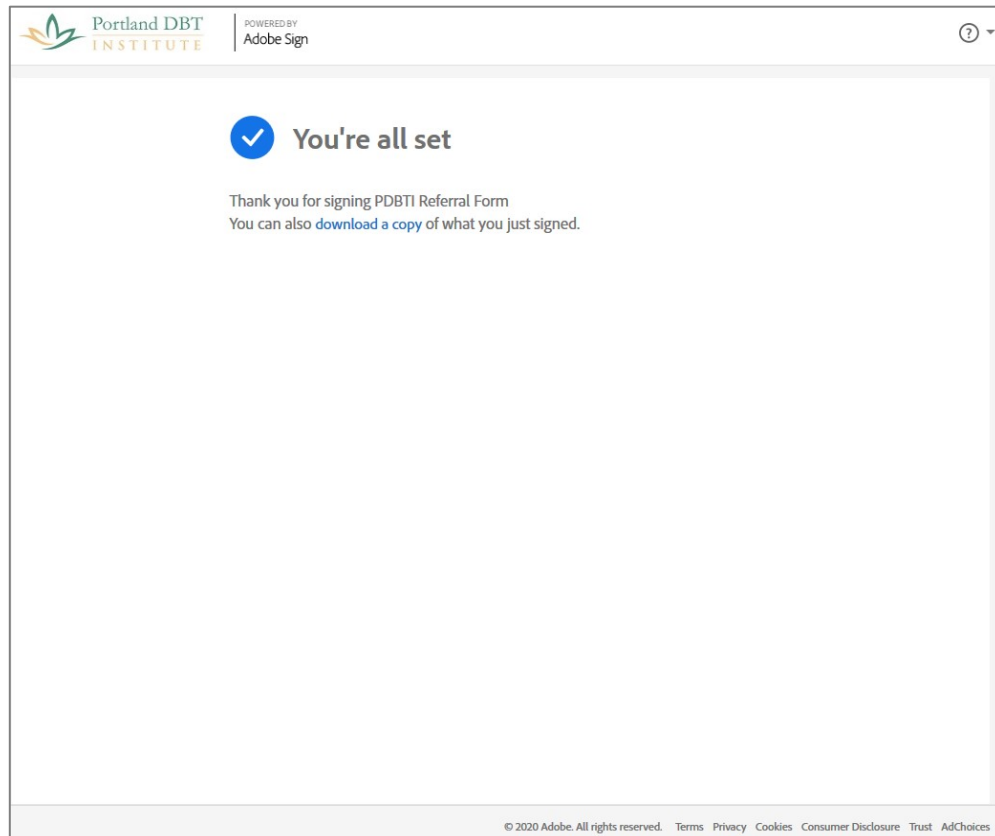
Jan 20, 2020

I agree to the [Terms of Use and Consumer Disclosure](#) of this document

Click to Sign

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Step 6: If you reach the message saying “Thank you for signing PDBTI Referral Form” then your referral form was successfully submitted! A member of our Intake Team will reach out to you within 5-10 business days (or sooner) to review your referral form with you and work on getting you connected with services.

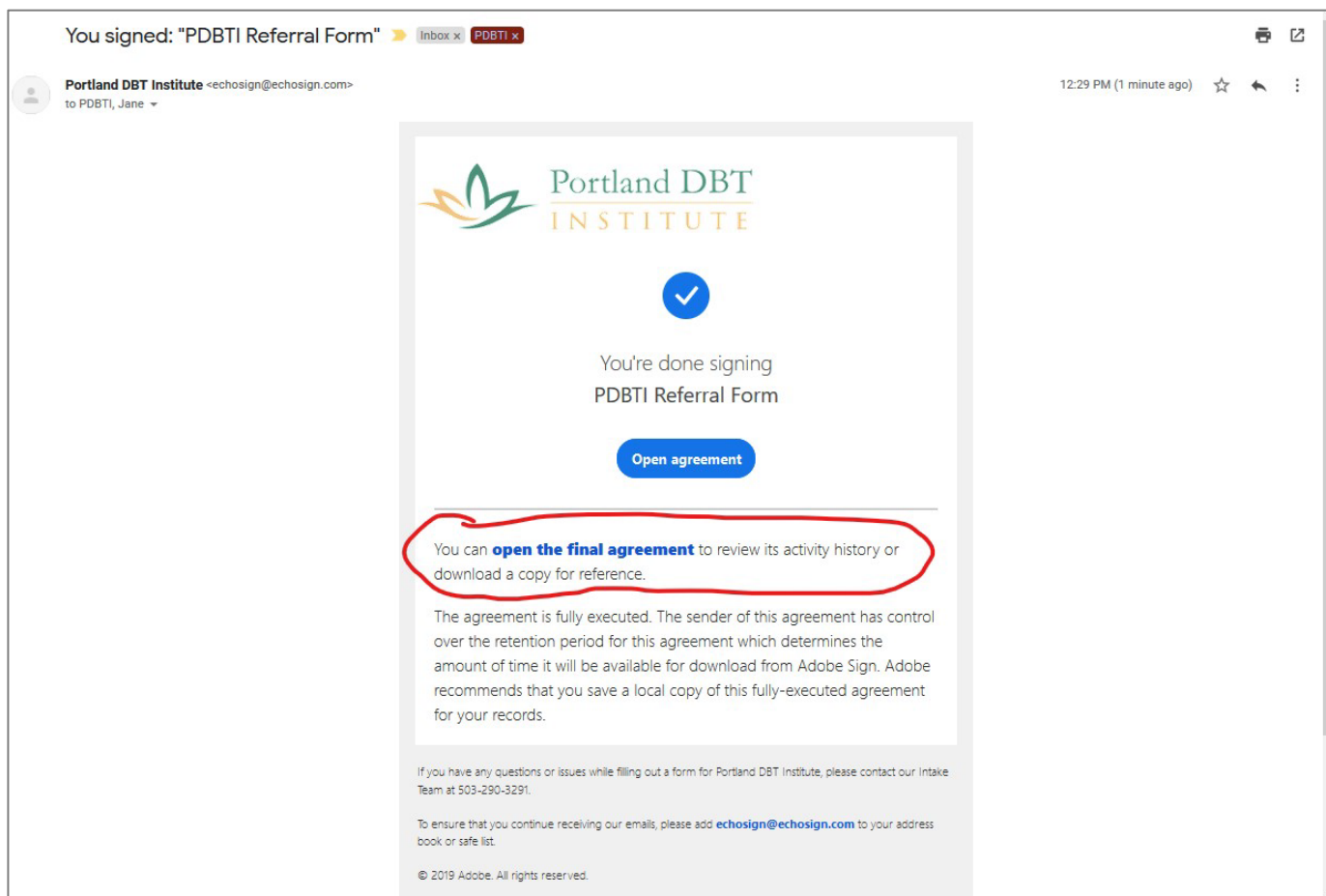


Now you have the option to download your completed/signed referral form for your records. If you would like to do this, click the blue “Download a copy” button. It is *not* advised to download a copy if you are on a public computer or other public electronic device, especially if you do not want other people to potentially access the completed referral form.

Note that once you navigate away from this webpage, you will not be able to download a copy of your referral form again *unless* you requested a confirmation email in the last step (Step 5)!

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Step 7: If you entered an email address before submitting your referral form, please check your inbox for an email sent from **echosign@echosign.com** within 30-60 minutes (check your Spam or Junk folders if you're not seeing anything in your inbox). See below for an example of the confirmation email. To access your completed referral form for printing or downloading, click the blue "document" link included in the body of the email message (circled in red below). Note: You do *not* need to create an account with Adobe to access your document. This link will expire after 30 days.



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Step 8: After you click the “document” link, you will be redirected to the Adobe Sign page that gives you access to your completed PDBTI referral form. You may **print or download** the form by click the corresponding icons in the upper right-hand corner of the page. You have 30 days to access the document, after which it will be virtually destroyed to maintain data security.

Note: You should *not* need to create a new account or “sign in” to access this file, the link from your confirmation email will take to straight there!

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Home Send Manage Reports Account | PDBTI Intake Team

PDBTI Referral Form 11 page(s) | Manage Agreement Export Audit Report **Print** **PDF**

From: PDBTI Intake Team (Portland DBT Institute)
To: Jane Smith (Portland DBT Institute)
Date: 01/20/2020, 12:29 PM
Status: Signed
Message: none

Web Form completed by Jane Smith
Jan 20, 12:29 PM

User email address verification waived
Signature Date: Jan 20, 12:29 PM - Time Source: server
Completed

Portland DBT INSTITUTE

Referral For Clinical Services

Client Information Date: Jan 20, 2020

Legal First Name: Jane Preferred name (if different): J

Legal Last Name: Smith

Parent name(s) if under 18 years: _____

Date of Birth: 01/01/1991 Age: 29

Interpreter required? (Mark one): YES NO If yes, language needed: _____

Ethnicity (Mark one or write in): Hispanic Non-Hispanic Other: _____

Race (Mark all that apply): Black or African-American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander White Middle Eastern or North African
 Asian Some other race or origin (please list): _____

Religion or spirituality: _____

Gender identity (Mark all that apply or write in): Female Male Non-binary/3rd gender
 Two Spirit Other (please list): _____ Prefer not to say

Gender currently listed on insurance policy (Mark one): Female Male (Note: This is required for us to bill your insurance.)

Pronouns (Mark all that apply or write in): She, her, hers He, him, his They, them, theirs
 Other (please list): _____

Address: 1010 SE Main St, Apt #123

City: Portland State: OR Zip: 97214

Phone: 503-123-4567 Type (Mark one): Cell Home Work

Language: English: US

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Thank you for your interest in services at Portland DBT Institute!

Here's how you can reach us...

Main Directory: 503-231-7854 Intake Team: 503-290-3291 Fax: 503-231-8153

Portland Office & Mailing Address: 5200 SW Macadam Ave, Suite 580, Portland, OR 97239