



PDBTI: Request for Clinical Services

Client Information

Date: _____

Legal First Name: _____ Chosen 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: ☐ 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: _____

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

Secondary phone: _____

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

Is it OK for us to leave voicemails? (Mark one): ☐ YES ☐ NO

Email address: _____

(Note: You will not be added to a bulk email list - email will be used to update wait list status, follow-up if we are unable to reach you by phone, or provide scheduling information.)

Do you have a **strong** preference regarding your therapist's gender? (Note: This may increase the wait time to be placed in our program) (Mark one): ☐ Male ☐ Female ☐ Other gender: _____
☐ I do *not* have a strong preference and would like to be placed as quickly as possible.

Are there accommodations needed due to a disability? If so, please specify:

Will you be using insurance? : ☐ YES ☐ NO

Primary Insurance: _____

Member ID number: _____

Provider or customer service phone number: _____

Secondary insurance carrier? : ☐ YES ☐ NO

(Note: Portland DBT Institute will bill to secondary/tertiary insurances if your PDBTI provider(s) are in-network with those plans. Otherwise, you may request the necessary billing information to submit claims to any out-of-network insurances directly.)

Secondary Insurance: _____

Member ID number: _____

Secondary Insur provider/customer service phone number: _____

Referral Source *(if client is self-referred, you may skip to the next section)*

Relationship to client: _____ (e.g. self, therapist, PCP, family, case worker..)

First name: _____ Last name: _____

Agency name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____

OK to leave a voicemail?: ☐ YES ☐ NO

Email address: _____

Referring party: How did you hear about Portland DBT Institute?:

Programs & Services Interest

Is this client returning for services?: ☐ No, the client is new to PDBTI.

☐ Yes, the client has previously received treatment at PDBTI

Client: How did you hear about PDBTI?:

Are you interested in our DBT Enhanced Skills Training (DBT EST) program?

DBT EST is a group-only for individuals ready to get started learning DBT Skills right away while waiting for full program DBT (e.g., waiting for PDBTI individual therapist to become available. DBT EST meets twice per week, one hour each time, participants have access to the same excellent materials used throughout PDBTI and the same highly trained clinicians who provide clinical services across the clinic. DBT EST participants are required to have an outside provider they can partner with to develop a crisis management plan and to provide as-needed therapeutic support and who can help ensure progress towards a person's goals.

_____ I am interested in DBT EST, a twice weekly DBT skills group, while I am on the wait list for full DBT treatment.

Tip: You can find more information about all our current clinical services and programs by visiting our website, <https://www.pdbti.org/> and exploring the “Services” drop-down menu at the top of the page.

Reasons or Concerns for Seeking Treatment

1. Self-harming behaviors? ☐ YES ☐ NO

If yes (*Mark all that apply*): ☐ Burning ☐ Cutting ☐ Picking

☐ Other (*please list*): _____

2. Hospitalizations (emergency department visits, psychiatric inpatient unit) in the past year for behavioral health concerns, including suicidality? ☐ YES ☐ NO

a. If yes, most recent date of hospitalization: _____

b. Reason for most recent hospitalization? _____

3. Lifetimes history of suicidal thoughts? ☐ YES ☐ NO

4. In the past few weeks have you wished you were dead and/or your family would be better off if you were dead? ☐ YES ☐ NO

5. In the past week, have you been having thoughts about killing yourself? ☐ YES ☐ NO

6. Suicide attempts in the past six (6) months? ☐ YES ☐ NO

If yes, date of most recent attempt: _____

7. Do you have access to a firearm? ☐ YES ☐ NO

8. Do you have any current legal involvement? (e.g. court/judge/parole officer has mandated therapy/treatment, restraining order, etc.): ☐ YES ☐ NO

If yes, please briefly describe the legal involvement:

9. Alcohol or drug abuse? ☐ YES ☐ NO

If yes, please describe the drug/alcohol use, or substance abuse:

10. History of assault/violence towards others? ☐ YES ☐ NO

11. Homicidal thoughts? ☐ YES ☐ NO

12. History of trauma/traumatic experiences? ☐ YES ☐ NO

13. Eating disorder concerns? ☐ YES ☐ NO

If yes (*Mark all that apply*): ☐Binging ☐Purging ☐Restricting ☐Over-exercise

☐Other (*please list*): _____

Other reasons or concerns for seeking treatment? (*Please list briefly*):



Intensive Outpatient Treatment Options: In addition to offering standard comprehensive (“full program”) Dialectical Behavior Therapy (DBT) and DBT-Enhanced Skills Training, PDBTI offers several DBT intensive outpatient programs (IOPs). All IOPs include DBT skills training and individual therapy, along with other as-needed adjunct services.

1. Interested in our Eating Disorder Intensive Outpatient Program (ED-IOP)?

Our ED-IOP is offered in 12-week cycles, 5 days a week (Mon-Fri), from 8:00am to 12pm noon. Clients may adjust length of treatment, as needed. It is designed for young adults and adults who are medically stable and who struggle with:

- Complex and serious behavioral health problems
- A history of unhelpful, unsuccessful attempts with other ED treatment efforts
- One or more eating disorders: Anorexia, Bulimia, Binge Eating Disorder, Avoidant Restrictive Food Intake Disorder, ED-Other Specific Feeding/Eating Disorders

Are you interested in learning more about the Eating Disorders IOP?

____ Yes, I am interested in the Eating Disorder IOP

____ No/not now

Please Note PDBTI Medical Requirements: We are unable to accept clients who are extremely underweight, unless medically monitored weight restoration has already safely begun and close medical supervision continues. Additionally, we are unable to accept clients who are medically unstable and require hospitalization because of electrophysiological abnormalities, electrolyte imbalances, or other potentially dangerous conditions.

2. Interested in our Suicide Care Crisis Recovery Intensive Outpatient Program (IOP)

The Suicide Care Crisis Recovery IOP is a 12-week program, meeting three days a week (Monday, Wednesday, and Thursday) from 12:00pm to 3:00pm. Our program is specifically designed for people who are having intense thoughts about wanting to die by suicide or are recovering after a recent suicide attempt or crisis. We combine the best state-of-the-art approaches for supporting people who are struggling with thoughts of suicide. This program is for adults (18+) who:

- Are experiencing frequent or overwhelming thoughts about being dead or dying or suicide
- Are recovering after a suicide attempt or recent suicidal crisis
- Have recently left a hospital, emergency room, or similar setting after a suicidal episode
- Are finding their suicidal thoughts are increasing to what feels like a crisis

Are you interested in learning more about the Suicidal Care Crisis Recovery IOP?

____ Yes, I am interested

____ No, not now

3. Interested in our Standard Adult DBT Intensive Outpatient Program (IOP)?

Our Standard Adult IOP is offered in 8-week cycles, four days a week (Mon, Wed, Thurs, Fri), from 12pm noon to 3:00pm. Clients are expected to repeat the eight-week cycle at least once and may stay longer when needed. This program is designed for adults 18 and older who struggle with:

- Debilitating depression/anxiety
- Suicidal behavior, suicidal ideation, and self-harm
- Poor emotion regulation
- Problematic impulsive behaviors related to difficulty regulating emotions
- Difficulty establishing and maintaining healthy relationships

Are you interested in learning more about the Standard Adult IOP?

____ Yes, I am interested in the Standard Adult Intensive Outpatient Program

____ No/not now

4. Interested in the Teen and Family DBT Intensive Outpatient Program (IOP)?

Our Teen and Family DBT IOP is offered in 8-week cycles, three days a week (Mon, Wed, Thurs), from 12pm noon to 3:00pm. Clients may repeat the eight-week cycle and stay longer when needed. This program is designed for teens 13 to 17 years old who struggle with:

- Depression/Anxiety
- Self-harm/Suicidal ideation
- Poor emotion regulation
- Difficulty establishing and maintaining healthy relationships

Are you interested in learning more about the Teen and Family IOP?

____ Yes, I am interested in the Teen and Family Intensive Outpatient Program

____ No/not now

Signature:

Email:

-END OF FORM-

Please fax your completed form to: **503-231-8153**

or mail to:

Attn: Intake Dept., 5100 S. Macadam Ave, Suite 350, Portland, OR 97239

Thank you for your interest in our services and completing this Request for Services form. Once we receive and review your information, a member of our Intake Team will contact you, typically within 5-10 business days. Thank you in advance for your patience.

Questions about this form or the referral process? Please contact our Intake Team at referral@pdbti.org or 503-290-3291.

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