



**Canadian Mental Health Association**  
Oxford County

522 Peel Street  
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PH: 519-539-8055  
FAX: 519-539-8317

167 Rolph Street  
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19 King Street  
Ingersoll, ON  
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### Dialectical Behavioural Therapy Referral Form

\*All referrals to CMHA Oxford DBT program must contain the signature of the individual being referred\*

Fax referrals to: 519-539-8317 or email: [patbaigent@cmhaoxford.on.ca](mailto:patbaigent@cmhaoxford.on.ca)

Name:  
  
D.O.B.:  
  
Gender:  Male  Female  Other  
  
Referral date:  
  
Referred by:  
  
Referral phone number:  
  
Are you currently a CMHA client?  Yes  No

Address:  
  
  
  
Phone number:  
  
Email address:  
  
Permission to contact:  Yes  No  
  
Permission to leave a voicemail:  Yes  No

Please explain why the individual being referred would benefit from the DBT program:

Please list the strengths of the individual being referred:

DBT is a year-long, intensive treatment program. It requires extensive commitment on the part of the individual involved. Are there any known issues that could present difficulty in completing the program? If "yes", please explain below:

I, \_\_\_\_\_, give my consent for this referral to CMHA Oxford's DBT Program.

\_\_\_\_\_

Signature

Date