

Behavioral Health Services Porter Adventist Hospital



Dialectical Behavior Therapy (DBT-IOP)
Intensive Outpatient Program
2465 S. Downing Street, #110
Denver, CO 80210
Intake Phone: 303-778-5829
Intake Fax: 303-778-2436

Dialectical Behavior Therapy (DBT-IOP) Intensive Outpatient Program Referral Form

Patient Name: _____ DOB: _____

Patient's Phone Number: _____

Diagnostic Impressions

Reason for Referral (Please include pertinent information, listing patient's needs and all significant current symptoms): _____

Danger to Self Danger to Others Psychosis Drug Use ETOH

Medical Problems: _____

Medications: Yes No Unknown

Is the client medication compliant? Yes No Unknown

Goals for IOP: _____

Insurance: _____

(We are able to accept Commercial Insurance, Medicare and some Medicaid Policies)

Referring Provider's Name: _____

(Please Print)

Date: _____ Provider Phone: _____ Fax: _____

Please fax the following to: 303-778-2436

- Referral Form
- Records (i.e. Psychiatric History, Psychosocial Evaluation and/or Discharge Summary) if relevant.

Please ask your patient to call 303-778-5774 to complete a phone screening.