



REQUEST FOR SERVICE (Choose 1 Track)

General Tracks (page 2+3 not required): Adult Track Young Adult Track (ages 18-26) BPD Track
OR

Trauma Track (page 2+3 required): Trauma Track (DBT+PE)

Trauma track referrals are reviewed for fit with DBT + PE model, if determined to not be a fit, general track will be recommended.

Date to Start treatment: _____ **PHP to contact Patient:** Yes No

Referral Source, Name: _____ **Phone:** _____ **Fax:** _____ **Email:** _____

Patient Name: _____ **Phone:** _____ **Email:** _____

Patient Demographic Information

Name: _____ **DOB:** _____ **Pronouns:** he she they other _____

Legal Name (if different): _____ **Legal Sex:** male female

Gender Identity (optional) _____ **Race:** _____ **SSN:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Insurance Information:

Primary: _____ **Policy #** _____ **Subscriber:** _____

Secondary: _____ **Policy #** _____ **Subscriber:** _____

Relevant Clinical Information:

Admit From: _____ **Presenting Concerns:** _____

Primary Diagnosis: _____ **Secondary Diagnosis:** _____

Current Medication(s): _____

Current Risk Factors: active SI passive SI self-injury recent suicide attempt impulsive/unsafe behavior,
 psychotic spectrum disorder symptoms (if yes, please explain _____) **Other relevant information re: Risk** _____

Potential Barriers to Treatment: privacy limitations, limited Internet access, unwilling/unable to reduce substance use substantial external stressors difficulty with technology, limited/no childcare, unavailable 8am-2pm, M-F, treatment interfering behaviors (if yes, please explain _____) **Other relevant information re: Barriers** _____

Outpatient Providers (please complete if able):

Therapist Name: _____ **Location/Contact:** _____

Psychiatrist Name: _____ **Location/Contact:** _____

Other Provider Name: _____ **Location/Contact:** _____



Trauma Track Referral Form

The Trauma Track delivers evidence-based treatment based on principles of DBT-Prolonged Exposure (DBT-PE) for patients struggling with PTSD and related symptoms. For more details on the program, please visit our website at <https://www.lifespan.org/centers-services/adult-partial-hospital-programs/rhode-island-hospital-program/trauma-ptsd>

In an effort to ensure the best possible treatment fit for patients, completing the following questions is required for referring a patient to the Trauma Track. Acceptance to Trauma Track is pending clinician approval of fit.

	Yes	No
1. Has the patient had a suicide attempt in the past month, OR engaged in any active suicidal thoughts or behaviors with intent (e.g., planning, rehearsal, preparatory behaviors) in the past two weeks AND is unwilling to safety plan?		
2. Is the patient experiencing mania, psychosis, or residual symptoms of these?		
3. Is the patient engaging in <i>significant</i> substance use or disordered eating? (i.e., requiring residential, at medical risk, unrelated to trauma symptoms)		
4. Does the patient have a history of recent physical or any sexual aggression, at risk of perpetrating aggression, or ongoing legal issues related to alleged perpetration?		
5. Is the patient experiencing significant life or environmental stressors that require imminent attention (e.g., time-consuming legal problems, unstable food or housing, threats to physical health/safety for self or dependent)?		
6. Is the patient engaging in self-harm or other unsafe behaviors (e.g., risky sex, speeding, theft) AND unwilling to stop/work towards stopping?		
7. PTSD and trauma-related concerns represent a primary, or co-primary, treatment target (e.g., “cope with/reduce PTSD symptoms,” “increase assertiveness due to passivity from past abuse,” “decrease NSSI triggered by trauma-related shame”)		
8. The patient wants to treat their PTSD and they are willing to reduce trauma-related avoidance (e.g., self-harm, dissociation, substance use, eating changes)		
9. Patient is receptive to therapeutic redirection/challenge in sessions and groups, willing to set and complete behavioral goals, and has not had significant treatment-interfering behaviors		
10. The patient is fully committed to staying alive at least through TT admission		

11. Has the patient had experience with DBT or Prolonged Exposure for PTSD?
If yes, please describe context in which treatment occurred and patient response:

What are patient’s goals for Trauma Track treatment?



Trauma Related Symptom Inventory

Traumatic events experienced (check all that apply):

Childhood Sexual Abuse	Medical Trauma
Childhood Physical Abuse	Sexual Assault/Rape
Childhood Neglect	Warzone/Combat Trauma
Community Violence	Refugee Trauma
Intimate Partner/Domestic Violence	Natural Disaster
Motor Vehicle or Other Accident	Traumatic Invalidation

Other Trauma:

Of the above, **which is most distressing** and/or the **source of most prominent symptoms?** (please write):

PTSD symptoms (check all that apply):

Intrusive thoughts	Difficulty experiencing positive emotion/ anhedonia
Nightmares	Feeling detached/distant from important relationships
Flashbacks	Irritability/ Aggression
Distress when reminded of trauma (physical, emotional)	Risky/ destructive behaviors
Avoiding reminders of the trauma	Hypervigilance or exaggerated startle
Avoiding thoughts/ feelings/ sensations related to trauma	Poor focus
Difficulty remembering key aspects of trauma	Insomnia
Negative beliefs of self and/or world (eg difficulty w/ trust)	Dissociation or numbness
Self-blame related to trauma	
Persistent anger sadness Fear disgust	

Borderline Personality Disorder and/or emotion dysregulation symptoms (check all that apply):

Unstable sense of self	Mood swings
Pattern of unstable relationships	Chronic feelings of emptiness
Intense efforts to avoid abandonment	Impulsivity
Difficulty controlling anger	Self-injurious behavior
Paranoia when stressed	Recurrent suicidal behavior/threats
Dissociation when stressed	None observed

Behaviors your patient uses to avoid painful thoughts and feelings (check all that apply):

Dissociation/emotional numbing	Humor
Self-injury	Sleep
Caretaking	Distraction
Substance use	Hypervigilance
Isolation/social distancing	Over-/under-eating
Risk-taking/sensation-seeking	Treatment interfering behaviors (e.g., attendance issues, homework non-completion, other in-session behaviors)