# THE HALTON CENTRE
**for Cognitive Therapy & Stress Reduction**

## Dialectical Behavior Therapy (DBT)
## Skills Group Referral Form

**To:** **THE HALTON CENTRE for Cognitive Therapy & Stress Reduction**
418 North Service Rd E, Suite 3A
Oakville, ON, L6H 5R2
Ph: 905-901-0597
E-mail: info@haltontherapy.ca

**Fax: 905-901-9773** **Number of Pages Faxed:**

**Date:**

**From:**
Name of Physician:
Phone Number:
Clinic:

**Patient Information:**
Name:
Date of Birth:
Phone Numbers:

☐ Consultation Note/Report Available ☐ Consultation Note/Report included in referral

Reason for referral to DBT group/individual treatment:

Diagnoses:

Summary of presenting problem and other pertinent information: