



**Canadian Mental  
Health Association**  
Haliburton, Kawartha, Pine Ridge  
*Mental health for all*

## DBT Skills Training Referral

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Contact Information: \_\_\_\_\_

Best time to call? Morning  Afternoon

Can workers leave a message? Yes  No

Have you previously been a C.M.H.A. H.K.P.R. client? Yes  No

If yes, when? \_\_\_\_\_

Referring Worker: \_\_\_\_\_

Please select the pillar(s) you would like to participate in:

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness
- Entire 14-week program

Send referral form to [enorthey@cmhahkpr.ca](mailto:enorthey@cmhahkpr.ca).

For more information, call Erin at 705-748-6711 extension 2018.