



**Brown University Health Virtual Partial Hospital Program**

Phone: 401-444-3748 Fax: 401-444-8836

**TRACK REQUEST (choose 1):**

**General Tracks:** ☐ General Adult ☐ Young Adult (18-29) ☐ BPD/Emotion Dysregulation  
**Specialty Tracks:** ☐ Co-Occurring Diagnoses (addiction/substances) ☐ Trauma Track (DBT+PE) **PAGE 2 REQUIRED**  
 \*Trauma Track Referrals are reviewed for fit with DBT+PE Model; upon review we may recommend starting in General Track

**Date request to start:** \_\_\_\_\_ **PHP to contact:** ☐ yes ☐ No

**Referral Source Name:** \_\_\_\_\_ **Referral Source Location:** \_\_\_\_\_

**Referral contact: Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Patient Demographic Information**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Pronouns:** ☐ he ☐ she ☐ they ☐ other: \_\_\_\_\_ **Sex Assigned at Birth:** ☐ M ☐ F **Gender Identity:** \_\_\_\_\_  
☐ intersex ☐ other \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Insurance Information**

**Primary:** \_\_\_\_\_ **Policy#** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_

**Secondary:** \_\_\_\_\_ **Policy#** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_

**Relevant Clinical Information**

**Admitted From:** \_\_\_\_\_ **Primary Diagnosis:** \_\_\_\_\_

\_\_\_\_\_ **Secondary Diagnosis:** \_\_\_\_\_

**Presenting Concern:** \_\_\_\_\_

**Is Active Substance Use part of concern:** ☐ No ☐ Yes **Is patient willing to work on this:** ☐ No ☐ Yes ☐ Unsure

**Is the patient in Active Withdrawal:** ☐ No ☐ Yes (\*if yes, we recommend detox prior to admission)

**Current Medications:** \_\_\_\_\_

**Current Risk Factors:** ☐ Active SI ☐ Passive SI ☐ Self-injury ☐ Recent suicide attempt

☐ Impulsive/unsafe behavior ☐ Psychotic Spectrum Disorder

**Barriers to treatment:** ☐ Privacy limitations ☐ Limited internet ☐ Substantial external stressors

☐ Limited/no childcare ☐ Unavailable 8am-2pm M-F ☐ Technology limitations ☐ Tx-interfering behaviors

**If yes to risk factors /Barriers, please explain:** \_\_\_\_\_

**Outpatient Therapist:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Outpatient Psychiatrist:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Other Provider:** \_\_\_\_\_ **Contact:** \_\_\_\_\_



### Brown University Health Trauma Track Referral Form

Trauma Track delivers evidence-based treatment based on DBT-Prolonged Exposure for patients with PTSD and related symptoms. For details, visit our website: <https://www.lifespan.org/centers-services/adult-partial-hospital-programs/rhode-island-hospital-program/trauma-ptsd>. **Intake requires approval of fit based on questions below.**

Has the **patient experienced/witnessed trauma** such as: sexual, physical, emotional abuse/violence, identity discrimination, actual/threatened death/serious injury to self, loved one, or in their work? ☐ Yes ☐ No

**In the past MONTH, has patient had any of the following:**

- ❖ Unwanted thoughts about trauma while awake or asleep ☐ Yes ☐ No
- ❖ Avoidance of thoughts, feelings, or reminders about trauma ☐ Yes ☐ No
- ❖ Painful trauma thoughts and feelings such as being to blame, that people can't be trusted, or pervasive shame, fear, numbness, or interpersonal detachment ☐ Yes ☐ No
- ❖ Felt on guard, easily startled, irritable or risky behavior, insomnia ☐ Yes ☐ No
- ❖ Mood swings ☐ Yes ☐ No
- ❖ Intense efforts to avoid abandonment and/or unstable relationships ☐ Yes ☐ No
- ❖ Self-injurious behavior and/or recurrent suicidal behavior/threats ☐ Yes ☐ No
- ❖ Unstable sense of self or feelings of emptiness ☐ Yes ☐ No

**Indicate if patient is experiencing:**

- ❖ Suicide attempt in past 4 weeks, OR active suicidal thoughts/behaviors with intent (planning, preparation) in past 2 weeks AND unwilling to safety plan? ☐ Yes ☐ No
- ❖ Current mania, psychosis, or residual symptoms of these? ☐ Yes ☐ No
- ❖ Significant substance use/disordered eating? (i.e., residential level of care, medical risk, unrelated to trauma) ☐ Yes ☐ No
- ❖ A history of recent physical aggression or any sexual aggression, at risk of perpetrating aggression, or legal issues related to alleged perpetration? ☐ Yes ☐ No
- ❖ Stressors needing imminent treatment focus (legal issues, unstable food/housing, threats to physical wellbeing for self/dependent, e.g. illness or abusive environment)? ☐ Yes ☐ No
- ❖ Self-harm or unsafe behaviors (e.g., risky sex, speeding) AND unwilling to reduce? ☐ Yes ☐ No
- ❖ PTSD and trauma-related concerns are the main goal of PHP treatment (e.g., "cope with/reduce PTSD symptoms," "decrease self-injury cued by trauma-related shame") ☐ Yes ☐ No
- ❖ The patient wants to treat their PTSD AND is willing to reduce trauma-related avoidance (e.g., self-harm, dissociation, substance use) ☐ Yes ☐ No
- ❖ Willing to complete home practices, receptive to redirection/challenge, and no other significant treatment-interfering behavior ☐ Yes ☐ No
- ❖ The patient is committed to staying alive at least through PHP admission ☐ Yes ☐ No

**Patient's goals for Trauma Track Treatment:** \_\_\_\_\_

**Anything else that would be helpful for us to know about this referral:**

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