



**Willow Tree Psychology and Wellbeing**  
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## DBT Referral Information

**Client's Full Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:** Male/Female/Intersex/Other: \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Employed:** Y / N – **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**General Practitioner/Medical Centre Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mental Health Care Plan Details** (To be completed by treating clinician):

**Medicare Number:** \_\_\_\_\_ **IRN:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**General Practitioner Provider Number:** \_\_\_\_\_ **Date of MHCP:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referrer (can self-refer):** \_\_\_\_\_

**Referrer's Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

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**Past Psychological Interventions:** \_\_\_\_\_

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Upon completion, please email to: [info@willowtreepsychology.com.au](mailto:info@willowtreepsychology.com.au)

## Kessler Psychological Distress Scale (K10)

Please tick the answer that is correct for you:	All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the past 4 weeks, about how often did you feel worthless?					

*MacLean Screening Instrument for BPD*

1. Have any of your closest relationships been troubled by a lot of arguments or repeated breakups? Yes \_\_\_ No \_\_\_
2. Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself)?  
How about made a suicide attempt? Yes \_\_\_ No \_\_\_
3. Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)? Yes \_\_\_ No \_\_\_
4. Have you been extremely moody? Yes \_\_\_ No \_\_\_
5. Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner? Yes \_\_\_ No \_\_\_
6. Have you often been distrustful of other people? Yes \_\_\_ No \_\_\_
7. Have you frequently felt unreal or as if things around you were unreal? Yes \_\_\_ No \_\_\_
8. Have you chronically felt empty? Yes \_\_\_ No \_\_\_
9. Have you often felt that you had no idea of who you are or that you have no identity? Yes \_\_\_ No \_\_\_
10. Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)? Yes \_\_\_ No \_\_\_